## CSBG APPLICANT INFORMATION SHEET NORTH DAKOTA DIVISON OF COMMUNITY SERVICES

SFN 52907 (5/01)

COMMUNITY SERVICES BLOCK GRANT  Fiscal Year  APPLICANT INFORMATION					
					1. Agency Name
3. Phone	4. Fax				
5. E-Mail Address		6. Web Si	6. Web Site Address (if applicable)		
7. Executive Director	8. Proje	ct Period		9. Region of State	
	From	1:	To:		
<ul><li>11. Certification</li><li>To the best of my knowl</li></ul>	ledge and belief, data in thi	s application is	s true and corre	ect.	
of and approved this applicate period of January 1, Grant Act.  Approval of this CSBG	through December 3 application was duly passe	ister Community, p	ity Services Bloursuant to the	che Board of Directors  (Agency) reviewed ock Grant funds during the Community Services Block ers present. Therefore, I hereby d of Directors meeting of that	
Signature of President or  12. Date of Plan/Revision:	Chairperson of the Board	-	Typed Name		
12. Date of Flam/Revision.		<del></del>			