

ATTACHMENT 1
Applicant Title Page

TALENT NETWORK Notice of Grant Opportunity Application
Calendar Year 2018

| | | | | |
|---|---------------|-------------|----------------|--------------------------|
| Name of Grant Applicant/Lead Agency: | | | | |
| Street Address: | | | | |
| City: | State: | Zip: | County: | District Number : |
| Contact Person: | Phone: | | Email: | |
| Industry Sector: | | | | |

| | | |
|--|---------------|--------------|
| Previous Funding: Did the applicant receive funding from LWD within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <i>If yes, name of grant and award amount:</i> | | |
| <p>PROPOSAL CERTIFICATION: <i>To the best of my knowledge and belief, the information contained in this proposal is true and correct. The document has been duly authorized by the governing body of this agency and, if funding is awarded, we will comply with the attached General Provisions.</i></p> | | |
| Authorized Signature: _____ | | |
| Print Name: | Title: | Date: |

| | | |
|------------------------|--|--|
| BUDGET ABSTRACT | | |
|------------------------|--|--|

| | | |
|---|-----------------------|--------------------|
| Name of Talent Network: | | |
| Grantee Name: | | |
| Street Address, City, State, Zip | | |
| Contact Name | | |
| Telephone: | Email Address: | Fax Number: |

| Budget Description | Amount |
|---|---------------|
| Salaries | \$ |
| Administrative Costs | \$ |
| Travel | \$ |
| Materials, Supplies and Printing | \$ |
| Office Supplies | \$ |
| Website/Social Media/Networking | \$ |

| | |
|---------------------------------|----|
| Talent Network Events | \$ |
| Telephone | \$ |
| Office Space | \$ |
| Independent Fiscal Audit | \$ |
| Leveraged Resources | \$ |
| In-kind Contributions | \$ |
| Other | \$ |
| Proposed Budget Totals | \$ |

ATTACHMENT 3

| | BUDGET NARRATIVE | |
|----------------------------|-------------------------|-----------|
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| Total Program Funds | | \$ |