

ATTACHMENT B

SAMPLE APPLICANT INFORMATION AND CERTIFICATION SHEET

Applicant Information:

Below you will be asked to provide information on the organization applying for this grant.

Legal Name of Applying Organization:

Alternate Business Name/DBA of Applying Organization (if applicable)

Unique Entity Identification Number (UEID Number):

Oregon Secretary of State Business Registry Number (or write an explanation if not applicable: (See Section 5.3.1 Business Registry)

Applicant Organization Business Address

Mailing Address:

City:

State:

Zip Code:

County:

Applicant Organization Service Address

Physical Address:

City:

State:

Zip Code:

County: