# Text  Description automatically generated with medium confidence

# Child Abuse and Neglect Prevention Board

# Request for Application Form

**Use of form:** Use of this form is mandatory. If the requested information is not provided, the Prevention Board will be unable to process your application. Personal information you provide may be used for secondary purposes [Privacy Law, §15.04(1)(m), Wisconsin Statutes].

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| Application #  433001-G24-0002315  |  Title: Family Resource Center of Quality |

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## APPLICANT INFORMATION

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| Legal Applicant/Organization Name      | Telephone Number      |
| Applicant Contact Name      | UEI Number      |
| Applicant/Organization Mailing Address (Street, City, State, Zip Code)       | DUNS Number      |
| Applicant Contact Email Address      |
| **We certify that everything in the application is true to the best of our knowledge and we will adhere to the requirements of the application and the resulting contract.** |
| Name of Authorized Representative:      | Title of Representative:      | Phone of Representative:      |
| Signature of Representative: | Date Signed      | Email of Representative:      |

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| **Project Information**  |
| Short Project Summary (2-3 sentences): Click or tap here to enter text. |
| Grant funding Project Service Area - Counties, Town, City: Click or tap here to enter text. |
| FRC of Quality Accreditation status:  |