

**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>		
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>		
Authorized Signature: _____		
Print Name:	Title:	Date:

BUDGET ABSTRACT		
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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	
Total Program Funds		\$