



Kansas Community Suicide Prevention Grant Coversheet

I. Applicant Agency (As listed on W2)

Name		
Address		
City, State, Zip		
Telephone/Email	Phone:	Email:

II. Type of Agency

<input type="checkbox"/> Public	<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Private Profit
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III. Official Authorized to Sign Documentation

Name		
Address		
City, State, Zip		
Telephone/Email	Phone:	Email:

IV. Project Director

Name		
Address		
City, State, Zip		
Telephone/Email	Phone:	Email:

V. Fiscal Agent

Name		
Address		
City, State, Zip		
Telephone/Email	Phone:	Email: