



Proof Alliance

*Preventing fetal alcohol spectrum disorders
and supporting all impacted*

**Family-Centered Long-Term Recovery Supports Grant Application Form
Reference Face Sheet**

Legal Lead Name of Organization:

Address:

County:

Telephone:

Website:

Federal Tax ID Number:

State Tax ID Number:

Name of Project Director:

Title:

Telephone:

E-mail:

Name of Financial Officer:

Title:

Telephone:

E-mail:

Include tax information if different from Lead Organization:

Federal Tax ID Number:

State Tax ID Number:

Name of person authorized to sign contracts:

Title:

Telephone:

E-mail:

Checks would be made payable to:

Address checks would be mailed to:

Dollar amount requested from Proof Alliance: