**ATTACHMENT A – Transitional/State Reserve Funding**

**Grant Application**

**Project Name:** Enter name here.

**Total Funds Requested:** $Enter amount.

**Projected Start Date:** *(From Jan. 1, 2017-Dec. 31, 2017)*Click or tap to enter a date.

**Select appropriate fund:**

Innovation and Impact Fund

Sector and Career Pathway Fund

Youth Fund

**Applicant Organization Information**

**LWIB:** Enter name of LWIB here.

**Mailing Address:** Enter address here.

**LWIB:** Enter name of LWIB here.

**Mailing Address:** Enter address here.

**LWIB:** Enter name of LWIB here.

**Mailing Address:** Enter address here.

**LWIB:** Enter name of LWIB here.

**Mailing Address:** Enter address here.

**Project Contact:** Enter name here.

**Email address:** Enter email address here.

**Phone:** Enter phone number here.

**Fiscal Contact:** Enter name here.

**Email address:** Enter email address here.

**Phone:** Enter phone number here.

**Business Lead:** Enter name here.

**Email address:** Enter email address here.

**Phone:** Enter phone number here.

