

**Required Applicant Information and Certifications**

(To be completed & included in proposal packet, Tab 1, as specified in Sec. 5.2, B.)

Ohio Skills Bank – Research and Analysis/Solutions Development Phase Grant

Cover Sheet

**Economic Development Region # \_\_\_\_\_ : \_\_\_\_\_**

<b>1. Fiscal Agent Applicant</b>		
<b>Organization Name:</b>		<b>Telephone Number:</b>
<b>Address:</b>		<b>Fax Number:</b>
<b>Address:</b>		<b>Email Address:</b>
<b>City:</b>	<b>State:</b>	<b>Zip + 4:</b>
<b>County:</b>	<b>FEIN:</b>	
<b>2. Fiscal Agent Contact Person</b>		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<b>First Name:</b>	<b>Last Name:</b>
	<b>Title:</b>	<b>Telephone Number:</b>
<b>Address:</b>		<b>Fax Number:</b>
<b>Address:</b>		<b>Email Address:</b>
<b>City:</b>	<b>State:</b>	<b>Zip + 4:</b>
<b>3. Planning Partner Applicant (if necessary)</b>		
<b>Organization Name:</b>		<b>Telephone Number:</b>
<b>Address:</b>		<b>Fax Number:</b>
<b>Address:</b>		<b>Email Address:</b>
<b>City:</b>	<b>State:</b>	<b>Zip + 4:</b>
<b>County:</b>	<b>FEIN:</b>	
<b>4. Planning Partner Contact Person (if necessary)</b>		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<b>First Name:</b>	<b>Last Name:</b>
	<b>Title:</b>	<b>Telephone Number:</b>
<b>Address:</b>		<b>Fax Number:</b>
<b>Address:</b>		<b>Email Address:</b>
<b>City:</b>	<b>State:</b>	<b>Zip + 4:</b>

