



Documenting Democracy

APPLICANT INFORMATION FORM

Examples available online: www.secstate.wa.gov/archives/grants

1. APPLICANT AGENCY		2. Previous Local Records Grant Applicant? NO YES	
		3. Previous Local Records Grant Recipient? NO YES	
4. AGENCY HEAD (First, Last)		5. POSITION TITLE/DIVISION	
		6. PHONE NUMBER	
7. NAME OF PRIMARY PROJECT CONTACT (First, Last):		8. POSITION TITLE/DIVISION	
		9. PHONE NUMBER	
10. E-MAIL – AGENCY HEAD	11. E-MAIL – PRIMARY CONTACT	12. FAX NUMBER	13. LEGISLATIVE DIST #
14. APPLICANT AGENCY ADDRESS (Street, City, State, Zip Code)		15. MAILING ADDRESS – if different (Street, City, State, Zip Code)	
16. AUTHORIZING AGENCY OFFICIAL (First, Last)		17. POSITION TITLE/DIVISION	
18. AUTHORIZING AGENCY ADDRESS (if different from above)		19. MAILING ADDRESS (if different)	
20. E-MAIL ADDRESS		21. FAX NUMBER	
		22. PHONE NUMBER	
23. APPLICATION PREPARED BY (First, Last)		24. POSITION TITLE/DIVISION	
		25. PHONE NUMBER	
26. NOTES OR ADDITIONAL INFORMATION:			
The information in boxes 26 and 27 identifies to whom grant disbursement checks will be made payable, and the individual designated to receive mailed checks. 26. NAME OF CHECK PAYEE: (“Pay to the order of _____”)		27. NAME AND ADDRESS OF INDIVIDUAL TO WHOM THE CHECK SHOULD BE MAILED:	
28. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):		SIGNATURE SHOWING CERTIFICATION OF AUTHORITY TO SECURE AND ENCUMBER PROJECT FUNDS:	
29. SIGNATURE OF AGENCY HEAD (from 4)	30. DATE	31. SIGNATURE OF OFFICIAL (from 16)	32. DATE

TO BE COMPLETED BY WASHINGTON STATE ARCHIVES STAFF ONLY

33. APPLICATION COMPLETE & ACCEPTED		33. GRANT AWARDED or DENIED (Date):	
NAME	DATE	34. NOTIFICATION MAILED	(Date):