SFY 2013 ODADAS Board-Funded Goals & Objectives Application

FACE SHEET

FACE SHEET TYPE
(check one)

SERVICE TYPE
(check one)

[ ] Original
[ ] Revision
[ ] Report*

[ ] Treatment & Recovery
[ ] Prevention

*Check Revision when submitting a Face Sheet to ODADAS for an application, program, or budget revision.

**Check Report when submitting annual reports.

Total ODADAS Funds Requested: $ _________________ Grant Period: _____________ to ____________

Pending Grant Number:__________ Program Title: __________________________________________

IMPLEMENTING AGENCY INFORMATION

Implementing Agency Name

Executive Director

Mailing Address

City, State Zip Code

Telephone Number

Fax Number

Executive Director’s Email Address

Fiscal Officer’s Name

Fiscal Officer’s Phone Number

Fiscal Officer’s Email

Federal Tax ID Number

ADAMHS/ADAS Board Name

Authorized Implementing Agency Board Member Date

Implementing Agency Executive Director Date