

**SFY 2013 ODADAS SPF SIG  
GRANT APPLICATION FACE SHEET**

Face sheet type: check one

Original ☐ Revision ☐\* Report ☐\*\*

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

\*\*Check Report when submitting semi-annual reports.

Total ODADAS Funds Requested: \$ \_\_\_\_\_

Grant Period: \_\_\_\_\_ to \_\_\_\_\_

Program Title: \_\_\_\_\_

ADAMHS/ADAS BOARD INFORMATION	
ADAMHS/ADAS Board 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	
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 Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Implementing Agency Executive Director

\_\_\_\_\_  
Date