**Linking Families and Communities Program Renewal Application**

**APPLICANT INFORMATION**

**name of Applicant Organization:** Legal Name of Organization

**Address:** Insert Address, City, State and Zip Code

**Phone:**Insert phone number**Email:** Insert email address

**Program Contact Person:** Insert program's contact person's name

**PROGRAM INFORMATION**

**Name of Project:** Insert project name.

**Program Overview:** Provide an brief overview of your project here. No more than 3 sentences.

***What changes to the program are you planning to make that were not part of the application submitted for last year?***

[ ]  The program **IS NOT** proposing any changes to this project.

[ ]  The program **IS** proposing changes, as described:   Describe proposed changes here.

**Program Request from Linking Families and Communities:** **$0.00**

**In-Kind Contributions:** $0.00

**Other funding secured for this project:** $0.00

**TOTAL PROGRAM COST:**   $0.00

**BUDGET & JUSTIFICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Expense Description*****(****Justification-Narrative)* | **Amount Requested From LFC** | **Other Funding Sources**Specify Kind & Amount | **Total Dollar****Amount For Project** |
| **Salaries** |       | $0.00 | $0.00 | $0.00 |
| **Personnel Benefits** |       | $0.00 | $0.00 | $0.00 |
| **Travel** |       | $0.00 | $0.00 | $0.00 |
| **Supplies** |       | $0.00 | $0.00 | $0.00 |
| **Contracted Services** |       | $0.00 | $0.00 | $0.00 |
| **Equipment**  |       | $0.00 | $0.00 | $0.00 |
| **PD/Training** |       | $0.00 | $0.00 | $0.00 |
| **Other** |       | $0.00 | $0.00 | $0.00 |
| **Admin. Cost**  |       | $0.00 | $0.00 | $0.00 |
| **TOTAL** |  | **$0.00** | **$0.00** | **$0.00** |

**CERTIFICATION**

I certify that I am duly authorized to commit assurances for the applicant, and therefore agree to comply with all the provisions of the Renewal Application, meet the requirements of Linking Families and Communities and the State of Iowa. I certify that to the best of my knowledge, the information contained in this application is correct and complete.

**Signature of authorized agency person**

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