

**Attachment A**  
**Applicant Information**  
**20-10763**  
**Cancer Plan Implementation Projects, 2021-2022**

Name of Organization: \_\_\_\_\_

\_\_\_\_\_

Contact Person (Name and Title): \_\_\_\_\_

\_\_\_\_\_

Topic Area: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If your organization uses a fiscal agent to administer funds please list the agencies name and mailing address here:

\_\_\_\_\_

\_\_\_\_\_

Physical Address (If different from mailing address):

\_\_\_\_\_

\_\_\_\_\_

Organization Mission Statement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_