**CENTRE COUNTY COUNCIL FOR HUMAN SERVICES**

 **2020**

 **Robert T. Ott Seed Grant Application Cover Sheet**

 **\*Please do not alter this form in any way.**

 **Name and mailing address of agency/organization:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name, Address, E-mail Address, and Phone Number of contact person:**

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**Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone# Email Address**

**The undersigned certifies that all services will be available without regard to religious creed, race, color, age, ancestry, national origin, gender, socio-economic status, or disability.**

**The undersigned further agrees that all funds will be expended within one year of receipt and agrees to refund unexpended funds at that time, unless a specific extension has been applied for and granted by the Seed Grant Committee. Also, if this agency is awarded a Seed Grant, a written report, including a description of how the money was expended and the details and results of the project will be submitted to the Chair of the Seed Grant Committee at the conclusion of the project for publication in the CCCHS Newsletter.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title**