

Proposal Face Page

Idaho Child Care Program Match Partnership

Lead Applicant organization:

Federal tax identification number (TIN):

Data Universal Numbering System (DUNS):

Name of contact person:

Phone number:

Fax number:

Address:

City & zip code:

E-mail:

Amount of funding requested:

Brief project description:

I hereby certify that the information contained in this application is true and correct.

Authorized signature: _____ **Date:** _____
I hereby certify that the information contained in this application is true and correct.

Printed name and title:

