

Family First Prevention Services Act (FFPSA) Transition Grant Request Form

Name of State/Territory/Tribe: _____

Agency Employee Identification Number (EIN): _____

DUNS Number: _____

Contact Person:

(for any questions on the FFPSA Transition Grant Request and Narrative Submission)

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Funds will be distributed based on formula.

Email Address for grant award notices to be sent: _____

I certify that I am authorized to submit this request and narrative for FFPSA Transition Grant Funds on behalf of the State/Territory/Tribe and that our agency will submit all required programmatic and financial reports.

This application is submitted by State/Territory/Tribal Authorized Official:

Name: _____

Title: _____

Signature: _____

Date: _____

Applications are due to the CB Regional Offices no later than April 30, 2020.

Signature – Jerry Milner, Associate Commissioner, Children’s Bureau

Approval Date: _____