|  |  |
| --- | --- |
| **Legal name of the Organization as indicated on the 501(c)(3) document** |  |
| **Location - Physical address of organization applying for the security grant enhancements** |  |
| **Leader of the Organization - name, telephone number and email contact information** |  |
| **Mailing Address if different from physical address** |  |
| **Website address of the Nonprofit Organization (Verifiable)** |  |
| **Email address of the Nonprofit Organization** |  |
| **Telephone number of the Nonprofit Organization** |  |
| **Contact information of the person submitting this form, including your title/role - Indicate if you are a contractor, organization staff or a volunteer (If you are paid you are not volunteer)** |  |
| **Are you Authorized by the applying organization to submit on their behalf? Yes/No**  |  |
| **Primary Point of Contact (POC) Name****Title/Role****Email Address****Telephone number/s** |  |
| **Additional POC Name****Title/Role****Email Address****Telephone number/s** |  |

Please save this document using the following naming convention:

**FY\_2015\_CSNSGP\_NonprofitName\_Contacts**