

**Grant Period Request** (Check one)

<input type="checkbox"/> New application	<input type="checkbox"/> Single year	<input type="checkbox"/> Multi-year
<input type="checkbox"/> Non-Competitive continuation	<input type="checkbox"/> Second year	<input type="checkbox"/> Third year

Grant amount requested (maximum \$100,000)

[Redacted]

**Applicant Information**

Legal name of sponsoring organization  
[Redacted]

Prefix	Last name	
	[Redacted]	
First name	Middle initial	Suffix
[Redacted]		
Title	Phone number	FAX number
[Redacted]	[Redacted]	
Email address		
[Redacted]		

**Applicant's Mailing Address**

Street  
[Redacted]

Street address line 2  
[Redacted]

City	State
[Redacted]	[Redacted]
ZIP + 4 code	
[Redacted]	

**Clinic Information**

Name of clinic  
[Redacted]

Public telephone number	Toll-Free telephone number (if applicable)	FAX number
[Redacted]		[Redacted]
Website address (if applicable)		
[Redacted]		

Languages served in addition to English

[Redacted]

**Clinic Street Address**

Street	City
[Redacted]	[Redacted]
State	ZIP + 4 code
[Redacted]	[Redacted]

**Clinic Mailing Address**

Street	City
[Redacted]	[Redacted]
State	ZIP + 4 code
[Redacted]	[Redacted]

**Clinic Director Information**

Prefix	Last name		
	[Redacted]		
First name	Middle initial	Suffix	
[Redacted]			
Telephone number	Email address		
[Redacted]	[Redacted]		
Licenses/Certifications <i>(Check all that apply)</i>			
<input type="checkbox"/> Attorney <input type="checkbox"/> CPA <input type="checkbox"/> Enrolled Agent <input type="checkbox"/> Other			

**Qualified Tax Expert (QTE)**

Prefix	Last name		
	[Redacted]		
First name	Middle initial	Suffix	
[Redacted]			
Telephone number	Email address		
[Redacted]	[Redacted]		
Licenses/Certifications <i>(Check all that apply)</i>			
<input type="checkbox"/> Attorney <input type="checkbox"/> CPA <input type="checkbox"/> Enrolled Agent <input type="checkbox"/> Other			

**Qualified Business Administrator (QBA)**

Prefix	Last name		
	[Redacted]		
First name	Middle initial	Suffix	
[Redacted]			
Telephone number	Email address		
[Redacted]	[Redacted]		

**Tax Compliance Officer**

Prefix	Last name		
	[Redacted]		
First name	Middle initial	Suffix	
[Redacted]			
Telephone number	Email address		
[Redacted]	[Redacted]		