**FY 2020 Delaware SNAP-Ed Partner Applicant Information**

**Due by March 15th at 3pm to** **snapedde@gmail.com**

Agency/Organization:

Proposed Project Title:

Name and Title Proposed Subgrantee Principal Investigator:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Telephone: Fax:

Email:

County/counties where SNAP-Ed programming will be conducted:

Federal tax ID number:

Budget Period: October 1, 2019 to September 30, 2020

**Binding Authority** (individual authorized to legally bind the applicant organization):

Name and Title of Binding Authority:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Telephone: Fax:

Email: