**Notification of Interest in Applying**

**Organization Applying for the Grant**\*

Click here to enter text.

**Contact Name**\*

Click here to enter text.

**Phone Number & Extension**\*

Click here to enter text.

**Email**\*

Click here to enter text.

**What type of grant are you applying to?**

Choose an item.

**Funding Agency**\*

Click here to enter text.

**Funding Opportunity Title**\*

e.g. Food Insecurity Nutrition Incentive (FINI) Grant

Click here to enter text.

**Sub-Category (If Applicable)**

e.g. FINI Pilot Project, Multi-Year Community FINI Project

Click here to enter text.

**Grant Application Due Date**\*

Click here to enter a date.

**Funding Opportunity Number**\*

e.g. USDA-NIFA-FINI-006104

Click here to enter text.

**CFDA Number**\*

e.g. 10.331

Click here to enter text.

**Does the grant offer consideration for a HUD 50153 Promise Zone Certification Form**\*

 [ ] Yes

 [ ] No

 If yes, please fill out the necessary information and submit with the Grant Support Request Form.