

## Annual Grant Application Overview and Certification

Federal Fiscal Year 2019

Minnesota's Lake Superior Coastal Program; Minnesota Department of Natural Resources

Project Title:

Coastal Management Goal:

Project Location:

Project Category:

### Application Information

Applicant:

Type of Applicant:

Benefitting Organization:

Address:

City:

State:

Zip:

Mailing Address:

### Official with Authority Information

Name/Title:

Email Address:

Phone Number:

Mailing Address (if different):

### Grant Project Contact

Name/Title:

Organization:

Email Address:

Phone Number:

### Financial Information

DUNS Number:

SAM Registration:

Total Cost:

Grant Request:

Applicant Match:

Grant Funds Requested in the First State Fiscal Year (September 1 – June 30):

### Certification

By submitting this application, I certify that:

- I have the authority to apply for this grant.
- I have disclosed any actual, potential, or perceived conflicts of interest.
- This application has been submitted without collusion with and without any agreement, understanding or planned common course of action with any other responder of materials, supplies, equipment, or services, designed to limit fair and open competition.
- The contents herein are true and accurate.