

DCF Grant Award Application Form

Use of form: Use of this form is mandatory. If the requested information is not provided, the department will be unable to process your application. Personal information you provide may be used for secondary purposes [Privacy Law, §.15.04(1)(m), Wisconsin Statutes].

Application # 437003-G23-0002122	Title Relative Caregiver Support
Description of Services See DSP Information Memo Series 2022-23i and Relative Caregiver Support Grant Application Attachment A	
Eligible Applicants See DSP Information Memo Series 2022-23i and Relative Caregiver Support Grant Application Attachment A	
Issue Date 09/23/2022	Due Date 11/16/2022
DCF Contact Name Kinship Care Specialist	DCF Contact Phone 608-422-6921
DCF Contact Email DCF DSP Kinship Navigator@wisconsin.gov	
Grantees will be expected to sign a contract. Most will be signing the DCF Standard Contract. For situations where the Standard Contract is not required, the DOA Standard Terms and Conditions will apply. Both can be found on our DCF Grant Opportunities Page. https://dcf.wisconsin.gov/doingbusinesswith/applications	

APPLICANT INFORMATION

Legal Applicant/Organization Name	Telephone Number
Applicant Contact Name	UEI (see sam.gov for additional information)
Applicant/Organization Mailing Address (Street, City, State, Zip Code)	
Applicant Contact Email Address	
We certify that everything in the application is true to the best of our knowledge and we will adhere to the requirements of the application and the resulting contract.	
Name of Authorized Company Representative:	Title of Company Representative:
	Phone of Company Representative:
Signature of Company Representative:	Date Signed
	Email of Company Representative: