# 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].

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| |  |  |  | | --- | --- | --- | | Application #  437002-G23-0002057 | Title  Infant and Early Childhood Mental Health Consultation | | | Description of Services  Infant and Early Childhood Mental Health Consultation. See Attachment A for more info | | | | Eligible Applicants  See Attachment A for more information. | | | | Issue Date  08/15/22 | | Due Date  **09/09/22 at 2:00 PM CST** | | | |
| DCF Contact Name  Luke Reible | DCF Contact Phone  608-422-6389 | DCF Contact Email  dcfprocurement@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. Some awarded applicants may be asked to establish their financial stability.  Samples of all can be found on our DCF Grant Opportunities Page. <https://dcf.wisconsin.gov/doingbusinesswith/applications> | | |

## APPLICANT INFORMATION

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| Legal Applicant/Organization Name | | | Telephone Number |
| Applicant Contact Name | | | DUNS Number |
| 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: | |