



APPLICANT INFORMATION FORM

1) Name of Organization Applicant:

Please list the organization's legal name that should be used for the subaward. If the organization's legal name is different from what is listed in the SAM registration and/or DUNS registration, please provide a brief explanation in the "Additional Information" section.

2) DUNS number:

3) Employer Identification Number:

4) SAM Registration:

YES Current Registration Expiration Date

NO

5) Organization Address *(If there are multiple locations, you may list the administrative headquarters address.)*

6) Executive Director - Name:

Phone:

Email:

7) Project Director *(point of contact for programmatic matters) – Name:*

Phone:

Email:

8) Fiscal Manager *(point of contact for financial matters) – Name:*

Phone:

Email:

9) Fellow Supervisor *(Fellow's direct supervisor) – Name:*

Phone:

Email:

10) Fellow's Office Address *(if different from the organization's address listed above):*

11) Working Remote: YES NO *If yes, explain Fellow remote work situation if applicable:*

12) Total Subaward Budget Requested (\$):

13) Number of Fellows proposed:

14) Does your organization service one or more of the following service areas in Louisiana:

Lake Charles, Baton Rouge, Lafayette, or New Orleans? YES NO

- If yes, which one(s):

15) Additional Information (optional):

16) Is your organization a member of your state/territory Volunteer Organizations Active in Disaster (VOAD)? YES NO

17) Proposing Fellow to be Equal Justice Works Disaster Resilience Program's Cohort 2 Lead Fellow? (yes/no) YES NO

18) Provides Legal Services to Native American and/or Tribal Communities? YES NO

19) Provides Legal Services to Immigrant Communities? YES NO