

**Ohio Co-op and Internship Program
2010 Request for Proposals
Co-Lead Applicant Contact Information**

Authorizing Agent **Name:** _____
 Title: _____
 Organization: _____
 Address: _____

 City, State, Zip: _____
 Telephone: _____ **Fax:** _____
 E-Mail: _____

Project Director **Name:** _____
 Title: _____
 Organization: _____
 Address: _____

 City, State, Zip: _____
 Telephone: _____ **Fax:** _____
 E-Mail: _____

Fiscal Administrator **Name:** _____
 Title: _____
 Organization: _____
 Address: _____

 City, State, Zip: _____
 Telephone: _____ **Fax:** _____
 E-Mail: _____

Grant Administrator **Name:** _____
 Title: _____
 Organization: _____
 Address: _____

 City, State, Zip: _____
 Telephone: _____ **Fax:** _____
 E-Mail: _____

Authorizing Agent – the individual authorized by the Lead Applicant to accept the terms and conditions of an award of Grant Funds.
 Project Director – the individual authorized by the Lead Applicant to direct the Project for which the Grant Funds have been awarded.
 Fiscal Administrator– the individual authorized by the Lead Applicant to sign Grant-related financial documents, e.g. Requests for Payment, Grant financial reports.
 Grant Administrator – the individual authorized by the Lead Applicant to oversee the day-to-day administration of the Grant Funds, including preparing progress reports, monitoring project progress, *etc.*
Note: The same individual may hold more than one of these positions.

**Ohio Co-op and Internship Program
2010 Request for Proposals
Collaborator Information**

List each Collaborator identified in the proposal, including a contact name and contact information for each. Attach additional copies of this form as needed.

Name: _____
Title: _____
Organization: _____
Address: _____

City, State, Zip: _____
Telephone: _____ **Fax:** _____
E-Mail: _____

Name: _____
Title: _____
Organization: _____
Address: _____

City, State, Zip: _____
Telephone: _____ **Fax:** _____
E-Mail: _____

Name: _____
Title: _____
Organization: _____
Address: _____

City, State, Zip: _____
Telephone: _____ **Fax:** _____
E-Mail: _____

Name: _____
Title: _____
Organization: _____
Address: _____

City, State, Zip: _____
Telephone: _____ **Fax:** _____
E-Mail: _____

Ohio Co-op/Internship Program – Program Budget

Use of Funds	Year 1		Year 2*		Year 3*		Year 4*		Year 5*		Total*	
	State Funds	Local Match	State Funds	Local Match	State Funds	Local Match	State Funds	Local Match	State Funds	Local Match	State Funds	Local Match
Personnel												
Supplies												
Purchased Services												
Travel												
Indirect Costs												
Scholarships												
Employer Salaries												
Other Employer Contributions												
Total												

* Completion of a budget for 2 through 5 years is optional