Subrecipient Project Application 2023-25

Date:	

1. **What type of Service Provider are you?**
   Check one:

☐ **Public Transportation Service Provider** ☐ **Client Only**

Service Provider Name	
Service Provider Contact Name	**Service Provider Contact Title**
Service Provider Phone Number	**Service Provider Email**
Employer Identification Number (EIN)	**Service Provider Website**
Service Provider Mailing Address	

2. **Project Detail**

Project Name (limit 50 characters)
Project Description (limit 1,000 characters)

FY 2024 STIF Project Total	**$**
FY 2025 STIF Project Total	**$**
STIF Project Grand Total	**$**