



**ALZHEIMER'S DISEASE AND RELATED DISORDERS EDUCATION AND
OUTREACH GRANT APPLICATION FORM**

Applicant Name: _____

Address: _____

Applicant Contact Person: _____

Title: _____

Phone number of Contact Person: _____

Email address of Contact Person: _____

Tax Identification Number: _____
(IRS W-9 must accompany this application)

PA SAP Vendor Number (if known): _____

**I CERTIFY THAT I AM THE EXECUTIVE OFFICER, OF SAID ORGANIZATION, AND
THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
AND BELIEF.**

Authorized Signature **Date**

Print Name **Date**