



FY24 Affordable Housing Grant Program

Broadband Grant Application Form *(this form is the start of your application, see the application guide for additional application requirements)*

Project Name: _____

Applicant Information

Primary Applicant Legal Name (must match W9 and DUNS Number):

Federal EIN Number: _____

DUNS Number: _____

Attach a copy of your IRS Form W-9

Unique Entity ID (SAM.gov) Number: _____

Address:

Street: _____

City: _____

County: _____

State: _____ Zip: _____

Applicant Type (may be for profit or non-profit):

- ☐ A local jurisdiction;
- ☐ Incorporated organization recognized as a partner by the local jurisdiction;
- ☐ Cooperative legally formed in Maryland and recognized as a partner by the local jurisdiction;
- ☐ Non-Profit Organization;
- ☐ Other _____

Partnerships and sole proprietors are not eligible applicants



Contact Information

This is the primary contact for the person coordinating all elements of this application. This is the person the Office will contact with any questions regarding the application.

Name: _____ Title: _____
Email: _____ Phone: _____

Project Information

Estimated Funding: _____

Applicant: _____

Local Jurisdiction: _____

State: _____

Other: _____

Project Total: _____

Technology used to serve the subscriber:

Check all that apply

- | | | |
|--------------------------|-----------------------------|-----------------------|
| <input type="checkbox"/> | Fiber Optics to the Premise | |
| <input type="checkbox"/> | Unlicensed Fixed Wireless | Frequency Band: _____ |
| <input type="checkbox"/> | Licensed Fixed Wireless | Frequency Band: _____ |
| <input type="checkbox"/> | Other: _____ | |

Local Jurisdiction(s) where **project** is proposing to provide service: _____



To the best of my knowledge and belief, the information contained in this application package is true and correct and I have the authority to sign this document.

Authorized Representative Name: _____

Title: _____

Signature

Date