

Division of Hotels and Restaurants

Grant Application School-to-Career Hospitality Training Program

The grant application should be completed according to Rule Chapter 61C-8, Florida Administrative Code, and is also subject to the requirements of Section 509.302, Florida Statutes.

1. Title of Grant Program _____
2. Amount of Funding Requested _____
3. Requested Grant Period: From _____ To _____
4. Date status reports will be submitted _____
5. Proposal Narrative Attached: Yes _____ No _____
6. Name of Applicant _____
Address _____
City _____ State _____ Zip _____
7. Federal Employer Identification Number _____
8. If this is a joint application, attach a list of all other parties including names, addresses, contact persons and a copy of any formal agreements regarding the joint application. It is understood that the applicant is the lead agency.
_____ This is not a joint application. _____ This is a joint application; required documentation is attached.
9. Authorized Representative: Name _____
Title _____ Phone _____
Address _____
City _____ State _____ Zip _____
10. Contact Person: Name _____
Title _____ Phone _____
Address _____
City _____ State _____ Zip _____

I am familiar with the information contained in this application and, to the best of my knowledge and belief, such information is true, complete, and accurate. I possess the authority to apply for this grant on behalf of this applicant.

Signature of Authorized Representative

Date

Please return this form and appropriate documentation to:

Hospitality Education Program
Division of Hotels and Restaurants
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-1011