



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	\$