

Michigan Department of Education
OFFICE OF GREAT START/
EARLY CHILDHOOD DEVELOPMENT & FAMILY EDUCATION
P.O. Box 30008, Lansing, Michigan 48909

Direct questions regarding this form to MDE-MiFamily@michigan.gov.

COMPETITIVE GRANT APPLICATION FOR MiFamily Engagement Centers

REGION FOR WHICH APPLICANT IS APPLYING: _____

APPLICANT ORGANIZATION

Legal Name of Applicant	
DUNS Number or Tax ID	
Street Address	
City, State, Zip	
Phone	
County(ies)	

CONTACT PERSON

Name	
Address	
City, State, Zip	
E-mail Address	
Phone/Fax	

_____ **Check here if application for the Statewide Literacy Campaign is included**

PLEASE PROVIDE THE INFORMATION REQUESTED USING THIS FORM ONLY.

ASSURANCES AND CERTIFICATIONS: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on the attached pages, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

SIGNATURE OF AUTHORIZED OFFICIAL: _____

NAME/TITLE:

DATE: