

Network for a Healthy California—African American Campaign

Faith Projects RFA

Application Cover Sheet and Order of Contents of Application

Applications due June 2, 2010, 4:00 p.m.

A. Application Cover Sheet/Contact Information

Applicant Name:	
Street Address:	
City, Zip code:	
Project Contact Person:	
Telephone:	
Fax:	
Email:	

B. Order of Contents of Application. PLEASE COMPILE THE APPLICATION IN THE FOLLOWING ORDER:

1. Mandatory, Non-binding, Letter of Intent (Form #1, DUE: May 13, 2010)
2. Application Cover Sheet (Form #2)
3. Checklist (Form #3)
4. Project Description and Approach (Form #4)
5. Agency Capabilities (Form #5)
6. Scope of Work (Form #6)
7. Budget and Budget Justification (Form #7)
8. Project Synopsis (Form #8)
9. Résumés or Job Descriptions for Key Staff
10. Letters of Support (no more than three)
11. Evidence of Status as an Association/Alliance
12. Verification of 501(c)(3) Status

SUBMIT APPLICATION TO:

Mailing Address:

Sheila Chinn
Network for a Healthy California
California Department of Public Health
P.O. Box 997377, MS-7204
Sacramento, CA 95899-7377

Shipping/Overnight Address:

Sheila Chinn
Network for a Healthy California
California Department of Public Health
1616 Capitol Avenue, Ste. 74.516, MS 7204
Sacramento, CA 95814