

**INSTRUCTIONS FOR APPLICATION
COVER PAGE**

For the Cover Page, complete the Applicant Information Form on Page 1 and 2 of this document.

1. Applicant Information		
Official Agency Name <i>(as it would appear in a resulting contract)</i>		
Federal Tax Identification Number		Type of Organization <i>(e.g., county/city government, local health jurisdiction, public entity, private non-profit)</i>
Mailing Address <i>(Street, P.O. Box, City, State, Zip Code)</i>		Physical Address <i>(If different from mailing address)</i>
2. Person authorized to act as the contact for this organization in matters regarding this application:		
Printed Name <i>(First, Last)</i>		Title
Telephone number	Email address	Fax number
3. Person authorized to obligate this organization in matters regarding this application or resulting contract:		
Printed Name <i>(First, Last)</i>		Title
Telephone number	Email address	Fax number
4. Name and title of person authorized by the Board of Directors to sign this application on behalf of the Board:		
Printed Name <i>(First, Last)</i>		Title
Signature		Date

I, [the official named in Section 3 or 4 above], certify under penalty of perjury that I am duly authorized to legally bind the prospective applicant to the federal certification clauses located in the ASH Ed Request for Application. This certification is made under the laws of the State of California.

By submitting this application, the applicant accepts responsibility for all applicable state and federal laws, and all contract requirements in this RFA released by the California Department of Public Health (CDPH). The applicant understands CDPH is not obligated to fund the project until a contract between a successful applicant and the Department has been executed.

Signature and title of person authorized to obligate this organization (Individual in Section 3 or 4)

Date