

Attachment A
Applicant Information
20-10924
California Nursing Home and Long-Term Care
Infrastructure and Preparedness
Project | 2022-2024

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|--|
| Name of Organization: |
| Contact Person (Name and Title): |
| Topic Area: |
| Amount Requested: |
| Mailing Address, City, State, Zip |
| Phone Number: |
| Tax ID Number: |
| E-mail Address: |
| If your organization uses a fiscal agent to administer funds please list the agencies name and mailing address here: |
| Physical Address (If different from mailing address): |
| Organization Mission Statement: |