# **Application Cover Sheet**

Please list the Executive Director or Manager in charge of overseeing the Program:

First Name:

Title:

Mailing Address:

Email Address:

Please list the Hepatitis B Demo Project Contact:

First Name:

Title:

Mailing Address:

Email Address:

Please list the Invoicing Contact/Remittance Information:

First Name:

Title:

Mailing Address:

Email Address:

FEIN:

Data Universal Number System (DUNS) #:

Please list the Agreement Signatory with the authority to enter into a Grant Agreement with the State of California. (Note: For Local Health Jurisdictions this person may be the Chair of the County Board of Supervisors.):

First Name:

Title:

Mailing Address:

Email Address:

## **Budget Period: From: July 1, 2023 To: June 30, 2026**

Total Amount Requested for 3 Years: $

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant’s knowledge and accepts as a condition of a Grant Agreement, the obligation to comply with the applicable state and federal requirements, policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection. The signature must be in blue ink.

Signature: Date: / /