

HIV Prevention Demonstration Projects RFA #14-10607
Cover Sheet

Full legal name of agency	
Physical Location Address	
City and Zip Code	
County	
Mailing address	
City and Zip Code	
Telephone	
Federal Taxpayer Identification #	

Agency Director	
First Name	
Title	
Address and City	
Email Address	

Agency Fiscal Officer	
First Name	
Title	
Address and City	
Email Address	

HIV Demonstration Project Director	
First Name	
Title	
Address and City	
Email Address	

Agency Official with Authority to Commit Agency to an Agreement/Sign Contract	
First Name	
Title	
Address and City	
Email Address	

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 Contract, 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: / /

Individual Listed above as Agency Official with Authority to Sign