ATTACHMENT 8

California Department of Public Health
Office of AIDS
Expanded HIV Testing in Healthcare Settings 14-10352
Request for Application
Cover Sheet

Application Due: Friday, November 21, 2014
Late applications will not be accepted

1. Full legal name of applicant's agency:
2. Physical Location Address:

   City/County: Zip Code:
3. Mailing address:

   City/County: Zip Code:
4. Telephone ( ) - FAX ( ) -
5. E-Mail address:
6. Federal Taxpayer Identification Number:
7. 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: / /

Type or Print Name and Title of Authorized Representative: _____