ATTACHMENT 1

California Department of Public Health
Office of AIDS
California Statewide Training and Education Program (CSTEP)
Application Cover Sheet

1. Full legal name of Applicant:
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. Data Universal Numbering System (DUNS) Number:
8. The undersigned hereby affirms that the statements contained in the Application are true and complete to the best of the Applicants 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: _____