

**Attachment A: Application Cover Page**

**Grant Number: MHCC 17-014**

**Project Title:**

**Applicant Organization**

Name:

Street Address:

City:

State:

Zip Code:

County:

Federal Tax ID Number:

**Official Authorized to Execute Contracts**

Name:

Title:

Email:

Phone:

Electronic Signature:

Date:

*\*By entering your initials in the electronic signature field, you agree that your electronic signature is the legal equivalent to a manual signature on this proposal.*

**Project Director (or alternative staffing model)**

Name:

Title:

Email:

Phone:

Electronic Signature:

Date:

**Technical Manager (or alternative staffing model)**

Name:

Title:

Email:

Phone:

Electronic Signature:

Date:

**Clinical Consultant (or alternative staffing model)**

Name:

Title:

Email:

Phone:

Electronic Signature:

Date: