

**Attachment A: Application Cover Page**

MHCC 18-XXX

Enhancing School-Based Health Care Services via Telehealth

**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 your electronic signature is the legal equivalent to a manual signature on this proposal.*

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Grant Request**

Project Title: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Match Contribution: \$ \_\_\_\_\_