

## ATTACHMENT A PROPOSAL SUBMITTAL FORM

**INSTRUCTIONS:** Applicant must complete and submit this Proposal Submittal Form with their application signed and dated by the Project Director and the organization's Authorizing Official.

Part I:

APPLICANT INFORMATION	
Applicant's Legal Entity Name:	
Business Name, if different from above:	
Employer Identification Number:	
Principal Location:	
Authorizing Official	
Name:	Title:
Email:	Phone Number:
Project Director	
Name:	Title:
E-mail:	Phone Number:

Part II:

APPLICANT'S CERTIFICATION	
As Project Director, I certify that all information provided in this application is correct and accurate to the best of my knowledge.	
_____ Signature of Project Director	_____ Date
As the Authorizing Official for the entity submitting this application, I am supportive of this application and commit my organization to fully engaging in the work plan provided in this application.	
_____ Signature of Authorizing Official	_____ Date