

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