

ATTACHMENT A Applicant Signature Form

INSTRUCTIONS: Applicants must complete and submit this Applicant Signature Form signed and dated by the agency's Authorizing Official.

Section 1: Organization Information
Applicant's Legal Entity Name:
Business Name (DBA), if applicable:
Year Established:
EIN/Tax ID:
Address 1:
Address 2:
City, State & Zip Code:
Is your organization applying through a fiscal sponsor? <p style="text-align: center;">Yes No</p>
If applying through a fiscal sponsor, please provide the following: Fiscal Sponsor Name: Fiscal Sponsor Address: Fiscal Sponsor EIN/Tax ID:
Is your organization applying as the lead applicant on behalf of a coalition? <p style="text-align: center;">Yes No</p>
If applying as the lead applicant on behalf of a coalition, please list all coalition members below:

Section 2: Point of Contact	
Contact Person for this Proposal:	
Title:	
Contact Phone:	
Contact Email:	

Section 3: Proposal Information	
Total Proposed Budget	
\$	
	HAPP Application Form (Attachment B) is included in proposal submission. <i>Required</i>
	HAPP Work Plan (Attachment C) is included in proposal submission. <i>Required</i>
	Proposal Budget (Attachment D) is included in proposal submission. <i>Required</i>
	Budget Justification Form (Attachment E) is included in proposal submission. <i>Required</i>
	Letters of Support are included in proposal submission. <i>Optional</i>
	IRS Form W-9 is included in proposal submission. <i>Required</i>
	Most recent audited financial statement is included in proposal submission. <i>Required</i>

Section 4: Certifications	
<p>I, as an authorized representative of this applicant organization, have read this application and confirm the accuracy of the representations made herein. I also confirm the organization meets the eligibility criteria, as set forth in the request for proposal (RFP) and is fully able and willing to carry out the terms of the project.</p>	
Signature of Authorizing Official	Date
Printed Name and Title	