

**INSTRUCTIONS FOR  
APPLICATION COVER PAGE**

**Applicant Information**

Type the official agency name of the organization as it would appear in a resulting contract.

Type the organization’s Federal Tax Identification Number.

Mailing address (Street, P.O. Box, City, State and Zip Code).

Physical Address (Physical location of the organization, if it is different from the mailing address).

Type the first and last name, position title, telephone number, email address, and fax number of the person authorized to act as the contact for the organization in matters regarding this application.

Type the first and last name, position title, telephone number, email address, and fax number of the person authorized to obligate this organization in matters regarding the application or a resulting contract.

If the organization is a legal corporation with a Board of Directors, type the first and last name and position/title of the person authorized to sign this application on behalf of the Board. The authorized signatory must sign and date the Application Cover Page.

The person identified as the person authorized to obligate this organization in matters regarding this application or resulting contract (Section 3) must sign and date the Application Cover Page.

I, the official named in Section 3 or 4 below, certify under penalty of perjury that I am duly authorized to legally bind the prospective applicant to the federal certification clauses located on page 35 of the CA PREP Request for Application. This certification is made under the laws of the State of California.

<b>1. Applicant Information</b>	
Official Agency Name <i>(as it would appear in a resulting contract)</i>	
Federal Tax Identification Number	Type of Organization <i>(e.g., county/city government, local health jurisdiction, public entity, private non-profit)</i>

Mailing Address ( <i>Street, P.O. Box, City, State, Zip Code</i> )	Physical Address ( <i>If different from mailing address</i> )
--	---

**2. Person authorized to act as the contact for this organization in matters regarding this application:**

Printed Name ( <i>First, Last</i> ):		Title:
Telephone number: (   )	Email address:	Fax number: (   )

**3. Person authorized to obligate this organization in matters regarding this application or resulting contract:**

Printed Name ( <i>First, Last</i> ):		Title
Telephone number: (   )	Email address:	Fax number: (   )

**4. Name and title of person authorized by the Board of Directors to sign this application on behalf of the Board:**

Printed Name ( <i>First, Last</i> ):	Title
--------------------------------------	-------

<b>Signature</b> ( <i>in blue ink</i> )	Date:
---	-------

By submitting this application, the applicant accepts responsibility for all applicable state and federal laws, and all contract requirements in this RFA released by the California Department of Public Health (CDPH). The applicant understands CDPH is not obligated to fund the project until a contract between a successful applicant and the Department has been executed.

\_\_\_\_\_  
Signature and title of person authorized to obligate this organization (Individual in Section 3)

\_\_\_\_\_  
Date