**Attachment A: iiib APPLICATION Face sheet and Checklist**

Agency Name:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: Zip:

Website (if applicable): Fax:

Executive Director: Phone: E-Mail:

Contact Person: Phone: E-Mail:

Total Grant Request **(July 15, 2022 – June 30, 2023)**: $

This application package includes the following (check all items included in Applicant’s response package):

[ ]  Cover letter

[ ]  Completed Application Face Sheet (Attachment A)

[ ]  Narrative Response (Attachment B)

[ ]  Blank Scoring Sheet (Attachment C)

[ ]  Program Budget

[ ]  Letters of Support

[ ]  If submitting a hardcopy, one original, four copies, and one electronic copy on a USB device

I, the undersigned am an official authorized to bind the Applicant to this Response to the Request for Proposal. I understand that the Department of HHS, AAS reserves the right to modify the specifics of this application at the time of funding and/or during the contract negotiation; that no officer, employee or agent of AAS, exercising any function or responsibility in connection with the proposed services contract or with planning or carrying out any agreement relative to this proposal has any personal financial interest, direct or indirect, in the operation of the Applicant; that a contract may be negotiated for a portion of the amount requested; and that there is not contract until a written contract has been signed by both parties and approved by all applicable County agencies and agents.

Signature of authorized representative(s):

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

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

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

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