

State Sexual Risk Avoidance Education
Request for Application
Cover Page

Organization Profile

Applicant Organization Name: Click or tap here to enter text.

Amount of Grant Funds Requested: Click or tap here to enter text.

County or Counties to be Served: Click or tap here to enter text.

Primary Contact Name: Click or tap here to enter text.

Primary Contact Title: Click or tap here to enter text.

Primary Contact Telephone with Extension: Click or tap here to enter text.

Primary Contact Email Address: Click or tap here to enter text.

Organization Federal ID Number: Click or tap here to enter text.

Organization Mailing Address: Click or tap here to enter text.

Organization Type – check one: Click or tap here to enter text.

☐ Non-Profit 501(c)(3) ☐ School ☐ School District ☐ For-Profit ☐ Other

Organization's Authorized Official Contact & Certification

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Telephone Number and Extension: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Note: This application is for the purpose of selection. Final negotiation of the workplan and budget will be completed after the grant award at the discretion of the Adolescent Health Program.

The signature below certified that all information, facts, and figures are true and correct and that if awarded, the organization will comply with the funding opportunity, Scope of Work, all applicable state and federal laws, regulations, grant terms, and conditions, action transmittals, guidance, instructions and procedures for grant and fiscal compliance. The organization also agrees to comply with the terms and conditions of the Department of Health as it relates to criminal background screening of all paid staff volunteers.

Certification of Authorized Official

Signature

Date