

**ATTACHMENT 1 – Application Cover Page**

**This document is for Reference only. Please enter this information directly in the online system.**

<b>Title of Application</b>	
<b>Legal Name of Applicant</b>	
<b>Applicant Mailing Address</b>	
<b>City, State, Zip:</b>	
<b>Telephone Number (Including Area Code)</b>	
<b>Fax</b>	
<b>Email Address:</b>	
<b>Applicant FEID:</b>	
<b>Total Amount of Funding Requested:</b>	
<b>Contact Person for Negotiations:</b>	
<b>Name of Authorized Official:</b>	
<b>Title of Authorized Official:</b>	
<b>Signature of Authorized Official:</b>	
By signing above, you are attesting that: TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
<b>County/Counties Served:</b>	
<b>Screening Type Selected:</b>	