**REQUEST FOR APPLICATIONS COVER SHEET & SIGNATURE PAGE**

| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **RFA Number:** | | | \_\_\_\_\_\_\_ | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Submit Applications via email to:** | Colorado Department of Public Health & Environment  **NAME OF GRANT PROGRAM**  **PROGRAM EMAIL ADDRESS** | | | **CDPHE Contact:** | | | \_\_\_\_\_\_\_ | | |
| **RFA Submission Deadline:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | |  | | |
| Per the attached specifications, terms and conditions | | | | | | | | | |
| **Unique Entity Identification Number (UEI):** | |  |
| **Authorized Signature:** | |  | | | | | | | |
|  | | *Original signature (in ink or digital signature) acknowledges acceptance of all terms and conditions of the solicitation.* | | | | | | | |
| **Typed/Printed Name:** | |  | | | | | | | |
| **Title:** | |  | | | | | | | |
| **Company Name:** | |  | | | | | | | |
| **Address:** | |  | | | | | | | |
| **City:** | |  | | | **State:** |  | | **Zip:** |  |
| **Phone Number:** | |  | | | **Fax Number:** | |  | | |
| **Contact for Clarifications:** | |  | | | | | | | |
| **Title:** | |  | | | | | | | |
| **Phone Number:** | |  | | **Fax Number:** | | |  | | |
| **Email Address:** | |  | | | | | | | |
| **IMPORTANT:** The following information must be on the outside of the Application Packaging or referenced in the subject line if the application may be submitted electronically:  RFA \_\_\_\_\_\_\_\_  Applicants are urged to read the solicitation document thoroughly before submitting an application. **THIS PAGE MUST BE COMPLETED, SIGNED (digitally or in ink) AND RETURNED WITH RESPONSE** | | | | | | | | | |
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