

**APPENDIX 2**  
**ATTACHMENT 2**

**CHILDREN'S TRUST FUND**  
**RFA #25-RFA-13772**  
**Cohort 33**  
**ATTACHMENT 2**  
**APPLICATION COVER SHEET & SUMMARY SIGNATURE PAGE**

**Directions:**

The contact information included in Attachment 2 must match the information in the PA Supplier Portal Vendor Management Registration System, failure to match the information may result in the rejection of this application. If selected for Award all information that differs from the PA Supplier Portal Vendor information will require correction and may delay the award process. Attachment 2 will not be counted towards the 15-page limit.

**There are 4 sections contained within Attachment 2. Please follow the instructions below for each section.**

**Section 1**

Complete all identifying information requested in Section 1. The Applicant must list the city, county, and applicable CTF Region(s) where they plan to provide services. A map of CTF Regions is available as **Appendix 6**.

<b>Applicant Information</b>	
<b>Applicant Name</b>	
<b>Applicant Physical Address</b>	
<b>Applicant Mailing Address</b>	
<b>Applicant Website</b>	
<b>Applicant Contact Person Name</b>	
<b>Applicant Contact Person's Phone Number</b>	
<b>Applicant Contact Person's Fax Number</b>	
<b>Applicant Contact Person's Email Address</b>	
<b>Applicant Federal UEI Number</b>	
<b>Applicant Federal Tax ID Number</b>	
<b>Applicant Vendor Number</b>	
<b>Operation Type</b>	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Local Government
<b>Applicant Submission and Program Acknowledgement</b>	
By signing below, the Applicant acknowledges that they have reviewed the CTF grant application and are in agreement with its submission. The Applicant additionally acknowledges that any proposed program or service in which CTF funding is used will minimally meet the requirements of the Children's Trust Fund Act of Dec. 15, 1988, P.L. 1235, No. 151.	
<b>Program Service Location(s) and Region (Refer to Appendix 6)</b>	
<b>Program Location (Town, County)</b>	<b>County Located in CTF Region#</b>
<b>Signature of Applicant</b>	
Signature of an official authorized to bind the Applicant to the provisions contained in this application.	
<b>Printed Name</b>	
<b>Title</b>	

**FAILURE TO COMPLETE, SIGN, AND RETURN THIS FORM WITH THE  
APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICATION**

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**Section 2**

Complete all identifying information in Section 2, where applicable. The primary contact information is required.

Primary Contact	
Primary Program Contact: Name	
Primary Program Contact: Title	
Primary Program Contact: Phone	
Primary Program Contact: Email	

Fiscal Contact	
Primary Fiscal Contact: Name	
Primary Fiscal Contact: Title	
Primary Fiscal Contact: Phone	
Primary Fiscal Contact: Email	

Data Contact	
Primary Data Contact: Name	
Primary Data Contact: Title	
Primary Data Contact: Phone	
Primary Data Contact: Email	

Other Contact	
Primary Program Contact: Name	
Primary Program Contact: Title	
Primary Program Contact: Phone	
Primary Program Contact: Email	

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**Section 3**

List the proposed program and provide a short description of the project. This description must coincide with the details specified in the Applicant's work statement (refer to **Attachment 4**).

Applicant Information	
Name of Proposed Project (If applicable)	
Short Description of Proposed Project (Include the name of the Evidence-Based program, if applicable)	

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**Section 4**

Applicant is required to demonstrate consultation with the county Children and Youth agency (**Reference Part II of Section II-1 of the RFA**). If an Applicant plans to serve more than one county, this requirement must be completed for each individual county. **Applications that do not include consultation with all the applicable county children and youth agencies will not be reviewed. Electronic signatures are acceptable.** Please use ONE of the options below to verify this consultation:

**OPTION 1**

**ATTESTATION FORM**

I, \_\_\_\_\_, hereby swear that our organization or agency has consulted with each of the  
(Applicant Name)  
Children and Youth agencies in the following counties listed in the chart below.

LIST THE INDIVIDUAL COUNTIES THAT WERE CONSULTED (This list must match the counties listed in Section 1 above)	

I declare, this information is true and correct to the best of my knowledge.

Applicant's Name (Print)	Applicant's Signature	Date
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**OPTION 2**

**INDIVIDUAL SIGNATURES FROM AGENCY**

Applicant may collect signatures from the administrator or designee for each county Children and Youth agency. If using this option, a signature from each county listed in Section 1 will be required. **Electronic signatures are acceptable.**

Signature of Children and Youth Director or designee	Signature of Children and Youth Director or designee
Signature	Signature
Print Name	Print Name
Title	Title
County	County
Signature of Children and Youth Director or designee	Signature of Children and Youth Director or designee
Signature	Signature
Print Name	Print Name
Title	Title
County	County

**FAILURE TO COMPLETE, SIGN, AND RETURN ATTACHMENT 2 WITH THIS APPLICATION  
MAY RESULT IN THE REJECTION OF THE APPLICATION.**