

APPENDIX A

REQUEST FOR APPLICATIONS FOR
 FAMILY SUPPORT PROGRAMS
 RFA #23-18
Appendix A
Applicant Cover Sheet

Family Center Applicant Information	
Applicant Name	
Applicant Mailing Address	
Applicant Website	
Applicant Contact Person	
Contact Person's Phone Number	
Contact Person's Facsimile Number	
Contact Person's Email Address	
Applicant Federal ID Number	
Applicant Vendor Number	

Type of Applicant	
<p>_____ A Family Center not already providing services funded by DHS/OCDEL but currently implementing one of the models listed through an established Family Center in the community An existing site that has already implemented one or more of the eligible home visiting or family support models listed within the RFA.</p>	
<p>_____ A brand-new Family Center A brand-new site seeking to implement, but is not currently providing services for one of the home visiting or family support models within the RFA.</p>	
<p>_____ A Family Center Site already funded by DHS/OCDEL An existing site that is currently funded through Family Center Funding and is seeking to obtain continued funding to serve families already enrolled in the program. This site may also seek to expand its current program(s) or to add an additional model.</p>	
County:	
Risk Classification Category of the Application	

Signature
Signature of an official authorized to bind the Applicant to the provisions contained in the Applicant's application
Printed Name
Title

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE APPLICANT'S APPLICATION MAY RESULT IN THE REJECTION OF THE APPLICANTS APPLICATION.