

## **ATTACHMENT 2**

ATTACHMENT 2

REQUEST FOR APPLICATION FOR  
CHILDREN'S TRUST FUND  
COHORT 31  
RFA 13-23  
ATTACHMENT 2  
APPLICATION COVER SHEET

**Directions:**

The Grant contact information included in **Attachment 2** should match the information in the PA Supplier Portal Vendor Management Registration System, failure to match the information may result in the rejection of the Applicant's Application. If selected for Award Grantees will be required to correct all information that differs from the PA Supplier Portal Vendor information which may delay the award process.

Failure to complete, sign, and return **Attachment 2** with the Applicant's Application may result in the rejection of the Application.

REQUEST FOR APPLICATION FOR  
CHILDREN'S TRUST FUND  
COHORT 31  
RFA 13-23  
ATTACHMENT 2  
APPLICATION COVER SHEET

Applicant Information	
Applicant Name	
Applicant Mailing Address	
Applicant Website	
Applicant Contact Person	
Contact Person's Phone Number	
Contact Person's Fax Number	
Contact Person's Email Address	
Applicant Federal UEI Number	
Applicant Vendor Number	
Organization Type	<input type="checkbox"/> For Profit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Local Government
Type of Applicant	
<p>Refer to Part I, Section I-4 of the RFA for Definitions</p> <p>_____ 1) An Evidence-Based Program</p> <p>_____ 2) An Evidence-Informed Program</p>	
Program Area and Model(s)	
Program Area (County)	Model(s)
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 APPLICATION