

## Attachment 6

**Attachment 6 – Application Cover Sheet**

**REQUEST FOR APPLICATIONS FOR  
CHILDREN’S TRUST FUND  
RFA # 01-21  
Attachment 6  
Application Cover Sheet**

| <b>Applicant Information</b>          |  |
|---------------------------------------|--|
| <b>Applicant Name</b>                 |  |
| <b>Applicant Mailing Address</b>      |  |
| <b>Applicant Website</b>              |  |
| <b>Applicant Contact Person</b>       |  |
| <b>Contact Person’s Phone Number</b>  |  |
| <b>Contact Person’s Fax Number</b>    |  |
| <b>Contact Person’s Email Address</b> |  |
| <b>Applicant Federal ID Number</b>    |  |
| <b>Applicant Vendor Number</b>        |  |

|   |
|---|
| <b>Signature</b>  |
| <b>Signature of an official authorize to bind the Applicant to the provisions contained in the Applicant’s application.</b> |
| <b>Printed Name</b>   |
| <b>Title</b>  |

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