

RFA 01-22

APPENDIX A

**REQUEST FOR APPLICATIONS FOR
FAMILY SUPPORT PROGRAMS
RFA 01-22
APPENDIX A, 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 A	
Applicant Federal ID Number	
Applicant Vendor Number	

Type of Applicant
<p>Refer to Part III, Section III-1.B of the RFA for Definitions</p> <p>_____ 1) An Existing Grantee funded by OCDEL.</p> <p>_____ 2) An EBHV Program Provider.</p> <p>_____ 3) A New Grantee.</p>

Program Area and EBHV Model(s)	
Program Area (Zip Code or County(ies))	EBHV Model(s)

Signature
Signature of an official authorize 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.**