Attachment A

APPLICATION COVER SHEET

CMSP Local Health Connection Pilot Project – Round 1

1. Pilot Project Type (select 1):

________ Planning Grant

________ Implementation Grant

2. CMSP County or Counties Included in the Pilot Project:

____

____

3. Funding:

CMSP Pilot Project Requested Amount: $_______________

In-Kind and/or Matching Fund Amount: $_______________

4. Applicant:

Organization:____

Applicant's Executive Director: ____

Title: ____

Applicant's Type of Entity (public, non-profit, for-profit, etc.): ______________________

Address: ____

City: ________________________ State: ____ Zip Code: ________ County: ________________

Telephone: ( ) __________________________ Fax: ( ) __________________________

E-mail Address: ____

5. Primary Contact Person *Role: Serves as contact person during the application process.*

Name: ____

Title: ____

Organization: ____

Address: ____

City: ________________________ State: ____ Zip Code: ________ County: ________________

Telephone: ( ) __________________________ Fax: ( ) __________________________

E-mail Address: ____

6. Secondary Contact Person *Role: An alternate contact during the application process.*

Name: ____

Title: ____

Organization: ____

Address: ____

City: ____________________ State: ____ Zip Code: _________ County: ______________

Telephone: ( ) ______________________ Fax: ( ) ______________________

E-mail Address: ____

7. Financial Officer *Role: Fiscal agent for project.*

Name: ____

Title: ____

Organization: ____

Address: ____

City: ____________________ State: ____ Zip Code: _________ County: ______________

Telephone: ( ) ______________________ Fax: ( ) ______________________

E-mail Address: ____

8. By submitting this application, the applicant signifies acceptance of the responsibility to comply with all County Medical Services Program Governing Board's requirements stated in this Request for Proposals (RFP). The applicant understands that should the County Medical Services Program Governing Board ("Governing Board") award the grant to the applicant, the Governing Board is not obligated to fund the pilot project until the applicant submits correct and complete documents as required for the grant award agreement and the Governing Board is otherwise satisfied that the applicant has fully met all the Governing Board's requirements for the grant award. The Governing Board shall have sole discretion on whether or not to award any grant.

I declare that I am an authorized representative of the applicant described herein. I further declare under penalty of perjury under the laws of the State of California that the information set forth in this Cover Sheet and the attached response to the RFP is true and correct.

Official Authorized to Sign for Applicant:

Signature: ________________________________ Date: ________________

Name: ____

Title: ____

Organization: ____

Address: ____

City: ____________________ State: ____ Zip Code: _________ County: ______________

Telephone: ( ) ______________________ Fax: ( ) ______________________

E-mail Address: ____