

**ATTACHMENT A: COVERSHEET TEMPLATE**

<b>Community-Based Organization Applicant Name:</b>	
<b>Project Location (City, County):</b>	
<b>Project Manager Name:</b>	
<b>Project Manager Address, Phone Number, Email Address:</b>	
<b>Grant Manager Name:</b>	
<b>Grant Manager Address, Phone Number, Email Address:</b>	
<b>Amount of Grant Funds Requested:</b>	
<b>State Vendor Identification Number:</b>	
<b>EIN Number (if applicable):</b>	
<p><b>Certification:</b> I certify that all the information contained in this application is true to the best of my knowledge, that the application was prepared by the applicant and its employees and agents without consultation or collusion with any other applicant, and that, if awarded, the applicant will abide by the terms and conditions of the grant.</p>	
Printed Name of Authorized Representative:	Title:
Signature of Authorized Representative:	Date: