FORM 1 – APPLICATION COVER SHEET

Instructions: This form must be signed and returned, along with the application materials, before the Application Due Date, to the POC or designated email address, as applicable.

<table>
<thead>
<tr>
<th>RFA #</th>
<th>RELEASE DATE</th>
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<tbody>
<tr>
<td>5455</td>
<td>JUNE 14, 2022</td>
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<tr>
<th>APPLICATION DUE DATE</th>
<th>POINT OF CONTACT</th>
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<tr>
<td>JULY 12, 2022</td>
<td>DHHS, Office of Procurement and Grants</td>
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CERTIFICATION AND GUARANTEE OF COMPLIANCE

By signing this Application Cover Sheet, the Applicant guarantees compliance with the provisions stated in this Request for Application and certifies that all information contained in this Application is accurate. This Application is submitted pursuant to the terms of the RFA, and if the Applicant is awarded funding, it will be incorporated into the Subaward between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Subaward, the Subaward and RFA shall govern as set forth in the Subaward.

Application Requirements The following information must be included in the application in order for it to be considered for review:

- The target population - individuals with developmental disabilities
- Must address one of the four goals in the Council’s 2022-2026 5-year State Plan of the applicants choice
- Applicants who have been disbarred by the US Federal government are not eligible to receive funding under this RFA

ORGANIZATION*: ____________________________________________________________

ORGANIZATION UEI NUMBER: __________________________

COMPLETE ADDRESS: __________________________________________________________

____________________________________________________________________________

CONGRESSIONAL DISTRICT: __________________________

TELEPHONE NUMBER: __________________________ EMAIL ADDRESS: __________________________

I CERTIFY THAT THIS ORGANIZATION IS AN “ELIGIBLE ORGANIZATION” AS DEFINED BY THIS RFA.

I CERTIFY THAT THIS ORGANIZATION IS NOT PRESENTLY DEBARRED OR SUSPENDED.

SIGNATURE: __________________________________________________________

TYPED NAME & TITLE OF SIGNER: ______________________________________________

*Name must match UEI Number.