



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

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.

RFA #	RELEASE DATE
R-3891 Funding Round Six	January 12, 2026
APPLICATION DUE DATE	POINT OF CONTACT
February 12, 2026	Office of Procurement and Grants

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 Grant between the parties. I understand that if anything in this Application conflicts with the RFA or with the subsequent Grant, the Grant and RFA shall govern as set forth in the Grant.

ORGANIZATION LEGAL NAME*: _____

ORGANIZATION DBA NAME (IF APPLICABLE): _____

ORGANIZATION UEI NUMBER: _____ ORGANIZATION EIN NUMBER: _____

ORGANIZATION TYPE: Non-Profit Organization
 For-Profit Organization
 Other _____

Institution of Higher Learning
 State, Local, or Tribal Government

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.