



## 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.

<b>RFA #</b>	<b>RELEASE DATE</b>
R3320	January 7, 2025
<b>APPLICATION DUE DATE</b>	<b>POINT OF CONTACT</b>
FEBRUARY 5, 2025	DHHS.grants@nebraska.gov

### 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: \_\_\_\_\_

COMPLETE ADDRESS:

UEI (UNIQUE ENTITY IDENTIFIER) \_\_\_\_\_

PARENT UEI (UNIQUE ENTITY IDENTIFIER) \_\_\_\_\_

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.

SELECT ONE OF THE FOLLOWING:

- 2023-24 OR PRIOR SOAR GRANT RECIPIENT
- 2024-25 SOAR GRANT RECIPIENT
- NEW SOAR GRANT RECIPIENT

SIGNATURE: \_\_\_\_\_

TYPED NAME & TITLE OF SIGNER: \_\_\_\_\_