

AUTHORIZED REPRESENTATIVES FOR APPLICATION

GENERAL INSTRUCTIONS

Complete the applicant information below and ensure all sections and fields are populated. The authorized signatory must electronically sign and date the form, including the final attestation. While the same individual may be listed more than once, please ensure that there are at least two different people listed below.

1. Applicant Information	
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Official Agency Name *(as it would appear in a resulting contract)*

Federal Tax Identification Number	Type of Organization <i>(e.g., county/city government, local health jurisdiction, public entity, private non-profit)</i>
Mailing Address <i>(Street, P.O. Box, City, State, Zip Code)</i>	Physical Address <i>(If different from mailing address)</i>

2. Person authorized to act as a contact for this organization in matters regarding this application:		
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Printed Name <i>(First/Last):</i>		Title:
Telephone number: ()	Email address:	Fax number: ()

3. Person authorized to obligate this organization in matters regarding this application or resulting contract:		
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Printed Name <i>(First/Last):</i>		Title
Telephone number: ()	Email address:	Fax number: ()

4. Name and title of person authorized by the Board of Directors to sign this application on behalf of the Board:	
Printed Name (<i>First/Last</i>):	Title
Signature	Date:

I, [the official named in Section 3 or 4 above], certify under penalty of perjury that I am duly authorized to legally bind the prospective applicant to the federal certification clauses located in the Adolescent Family Life Program Request for Applications (RFA). This certification is made under the laws of the State of California.

By submitting this application, the applicant accepts responsibility for all applicable state and federal laws, and all contract requirements in this RFA, released by the California Department of Public Health (CDPH). The applicant understands CDPH is not obligated to fund the project until a contract between a successful applicant and the Department has been executed.

Signature and title of person authorized to obligate this organization (Individual in Section 3 or 4)

Date