

**Attachment 2
Application Cover Sheet**

Please list the Executive Director or Manager in charge of overseeing the Program.

First and Last Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Please list the Project Contact.

First and Last Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Please list the Invoicing Contact/Remittance Information.

First and Last Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

FEIN: _____

Please list the Agreement Signatory with the authority to enter into a grant agreement with the State of California.

First and Last Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Budget Period: From: September 3, 2024 To: June 30, 2025

Total Amount Requested Contract Term: \$ _____

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge and accepts as a condition of a Grant Agreement, the obligation to comply with the applicable state and federal requirements, policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection. Electronic signatures are allowed.

Printed Name: _____

Signature: _____ Date: _____