California Department of Public Health Center for Infectious Diseases, Immunization Branch RFA 24-10181 Attachment 3 Page 1 of 1

Applicant Name:		
Applicant Name.		

Attachment 3 Project Synopsis (1-page limit)

Summarize the key elements of the project below. Include applicant name, total amount requested, a list of partner organizations (if applicable) and a project description.