

**ATTACHMENT A  
RESPONDENT INFORMATION**

1. LEGAL NAME:
2. Doing Business As -DBA (if different than legal name):
3. MAILING ADDRESS:
4. County:
5. E-Mail Address:
6. Phone:
7. Executive Director Name:
8. Counties that will be served:
9. Taxpayer Identification Number <sup>1</sup> :
10. DUNS Number:
11. Congressional District:
12. Type of Facility:
13. Non-Profit?

**ATTACH Proof of Non-Profit Status - 501(c)(3) CERTIFICATE**

If awarded funding:

Contract Signer Contact Information	
Contract Signer Name	
Contract Signer Phone (Text Enabled)	
Contract Signer E-Mail	

Claim Form Contact Information	
Claim Form Contact Name	
Claim Form Contact Phone	
Claim Form Contact E-Mail	

***SIGNATURE OF AUTHORIZED REPRESENTATIVE:***

To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.

SIGNATURE:
NAME/TITLE: (Typed)
DATE SIGNED:

<sup>1</sup> Employer I.D. number or Social Security number, as appropriate, whichever is used for Federal Income Tax purposes.