**Attachment 1**

**Application Cover Sheet**

Rural Health Network Technical Assistance

RFA #ORH – 2022-01

**Organization Name:**

**Tax ID:**

**Duns & Bradstreet Number:**

**Unique Entity ID:**

**Contact Person**

**Name:**

**Title:**

**Address:**

**Phone:**

**Email:**

**Application Budget Total:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for and on behalf of the applicant organization(s), signify that the following information is true and accurate to the best of my knowledge and that the above named organization agrees to abide by the terms of this application and is fully able and willing to carry out the terms of the project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date