



School-Based Health Center Program – Request for Application (RFA) #1972
Attachment C: SBHC Program Application Cover Sheet

Instructions:

- All lines must be answered. If an item does not apply, enter “N/A.”
- Do NOT use the “Submit” button on the top right-hand corner. Instead, save this PDF form and include it with all other application materials as one RFA email submission.

Section 1: Lead Sponsor Agency					
Legal Name of Lead Sponsor Agency:					
Federal Employee Identifier Number (FEIN):					
Data Universal Numbering System (DUNS) #:					
<i>(Visit http://www.dnb.com/get-a-duns-number.html and click “Get Started” for more information on how to obtain a DUNS number)</i>					
Name of Authorized Contract Signatory* <i>(person authorized to sign a CDPHE contract)</i>					
First Name:		Last Name:			
Agency:		Title:			
Telephone Number:		Fax Number:			
Email:		Agency Website:			
Physical Address:					
City:		State:		Zip Code:	
Mailing Address: <small>(if different from physical address)</small>					
City:		State:		Zip Code:	
Lead Sponsor Agency’s SBHC Administrator <i>(primary person responsible for the overall project operations)</i>					
First Name:		Last Name:			
Agency:		Title:			
Telephone Number:		Fax Number:			
Email:		Agency Website:			
Physical Address:					
City:		State:		Zip Code:	
Mailing Address: <small>(if different from physical address)</small>					
City:		State:		Zip Code:	
Primary Fiscal Contact <i>(primary person who manages the SBHC project budget)</i>					
First Name:		Last Name:			
Agency:		Title:			
Telephone Number:		Fax Number:			
Email:		Agency Website:			
Physical Address:					
City:		State:		Zip Code:	
Mailing Address: <small>(if different from physical address)</small>					
City:		State:		Zip Code:	
If another person prepares and submits invoices, please complete below for a secondary fiscal contact.					
First Name:		Last Name:			
Agency:		Title:			
Telephone Number:		Fax Number:			
Email:		Agency Website:			
Physical Address:					
City:		State:		Zip Code:	
Mailing Address: <small>(if different from physical address)</small>					
City:		State:		Zip Code:	



Data Coordinator / IT Contact <i>(primary person who manages or will manage the submission of data to Apex Education, Inc.)</i>				
First Name:		Last Name:		
Agency:		Title:		
Telephone Number:		Fax Number:		
Email:		Agency Website:		
Physical Address:				
City:		State:		Zip Code: <input type="text"/>
Mailing Address: <small>(if different from physical address)</small>				
City:		State:		Zip Code: <input type="text"/>

Section 2: Medical Sponsor Agency				
Legal Name of Medical Sponsor:				
Federally Qualified Health Center (FQHC)?:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Contact: <i>(authorized person for the lead medical sponsor)</i>				
First Name:		Last Name:		
Agency:		Title:		
Telephone Number:		Fax Number:		
Email:		Agency Website:		
Physical Address:				
City:		State:		Zip Code: <input type="text"/>
Mailing Address: <small>(if different from physical address)</small>				
City:		State:		Zip Code: <input type="text"/>

Section 3: Application Submission Information				
Application Submission <i>(person who electronically submitted the application on behalf of the Lead Sponsor Agency)</i>				
First Name:		Last Name:		
Agency:		Title:		
Telephone Number:		Fax Number:		
Email:		Agency Website:		
Physical Address:				
City:		State:		Zip Code: <input type="text"/>
Mailing Address: <small>(if different from physical address)</small>				
City:		State:		Zip Code: <input type="text"/>

**** End of Attachment C ****