# **2021 Advanced Health SHARE Initiative – Application Cover Page**

**\*\*This template is provided as a courtesy. Applicants are not required to use this template. All elements of an application need to meet the requirements described in the Advanced Health SHARE Initiative RFA.**

**This Application is for: [Check all that apply]**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Check If****Relevant** | **Focus****Area** | **Coos****County** | **Curry****County** | **Both Counties****Combined** |
|  | Housing & Homelessness |  |  | N/A |
|  | Nutrition |  |  |  |
|  | Child Care (0-5) to Permit Parental Work Participation |  |  |  |

**Applicant Information:**

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| Name of Authorized Official |  |
| Title of Authorized Official |  |
| Physical Address |  |
| Mailing Address |  |
| E-Mail Address |  |
| Telephone Number |  |
| Name of Person to be Contacted Regarding this Application |  |
| Title of Contact Person |  |
| E-Mail Address of Contact Person |  |
| Telephone Number of Contact Person |  |
| Amount of Funds Requested |  |

**Sub-Applicant Information:** List those Collective Impact Consortium members who are identified in Section 9.6.6 of the Application

|  |  |
| --- | --- |
| **Name****of Sub-Applicant** | **Proposed Amount****Of Sub-Applicant Award, If Any** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |