**Identification of Significant Collective Impact Consortium Members**

**\*\*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.**

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| --- | --- | --- |
| **Name of Consortium Member** |  | |
| **Consortium Member’s Legal Status** |  | |
| **Consortium Member’s Mission Statement** |  | |
| **Consortium Member’s Key Contact** |  | |
| Title |  | |
| Address |  | |
| Phone Number |  | |
| E-Mail Address |  | |
| **Single-Sentence Description of the Consortium Member’s Role in the Project** |  | |
| **Proposed Sub-Award Amount, If Any** | |  |
| **If defined as a Sub-Applicant, and for the purposes of this program, is the Sub-Applicant willing to be bound with the Applicant through a Memorandum of Agreement or other contractual mechanism?** | |  |

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