# **Application Face Sheet**

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| --- |
| 1. Legal Name of Agency:
2. Name of individual with Signature Authority:
3. Phone number of individual with Signature Authority:
 |
| 1. Mailing Address (include zip code+4):
2. Address to which checks will be mailed:
 |
| 1. Street Address:
 |
| 1. DPP Program Coordinator:

Name:Title: | Telephone Number:Email Address |
| 1. DPP Data Manager

Name: Title:  | Telephone Number:Email Address: |
| 1. Agency Status (check all that apply):
 |
| 🞏 Public |  | 🞏 Private Non-Profit |  | 🞏 Local Health Department  | 🞏 Other  |
| 1. Agency Federal Tax ID Number:
 | 1. Agency DUNS Number:
 |
| 1. Agency’s URL (website):
 |
| 1. Agency’s Financial Reporting Year:
 |
| 1. Agency’s DPRP Number:
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| 1. Current Diabetes Prevention Program Areas (county(ies) and communities):
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| 1. Proposed Area(s) To Be Served with Funding (county(ies) and communities):
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| 1. Amount of Funding Requested:
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|  |
| The facts affirmed in this application are truthful and I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant. |
| 1. Signature of Authorized Representative:
 | 1. Date
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