**Attachment A: Application Cover Sheet**

**Name and Title of Authorized Representative**: Click or tap here to enter text.

**Name of Agency**: Click or tap here to enter text.

**Address**: Click or tap here to enter text.

**City**: Click or tap here to enter text.

**State**: Click or tap here to enter text.

**Zip Code**: Click or tap here to enter text.

**Phone**: Click or tap here to enter text.

**Fax**: Click or tap here to enter text.

**E-mail**: Click or tap here to enter text.

Please check the appropriate box below and provide the information requested:

[ ]  Incorporated as a private nonprofit corporation in the State of Washington and has been granted 501(c) (3) tax exempt status by the U.S. Internal Revenue Service. IRS Employer Identification Number (EIN): Click or tap here to enter text.

[ ]  A public corporation, commission, or authority established pursuant to applicable Washington State law

[ ]  Other: Click or tap here to enter text.

State of Washington Business License Number(s): Click or tap here to enter text.

Program Licensure or Certification Status, if applicable: Click or tap here to enter text.

Has your agency received any audit findings and/or management letters from any public funder within the last three years?

[ ] No [ ] Yes — Please attach finding(s) and/or letter(s)

## Total Dollars Requested: Click or tap here to enter text. Funding Category: Click or tap here to enter text.

I understand the terms and conditions of the NOFA and certify that the above-named agency will comply with all Skagit County requirements if a contract award is made. All information contained in this application is true and accurate to the best of my knowledge.

Print Name Title

Signature Date