

STATE OF MARYLAND

Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401 Larry Hogan, Governor - Boyd Rutherford, Lt. Governor Edward J. Kasemeyer, Chair – Mark Luckner, Executive Director

Grant Application Cover Sheet Maryland Community Health Resources Commission FY 2023 Call for Proposals -Expanding Healthcare Access and Advancing Health Equity

*For an application to be deemed complete, all fields are required.

	Lead Applicant	;		
Name:				
Federal Tax ID Number (EIN):				
Street Address:				
City:	State:	Zip Code:		
Grant Re	equest – Programn	natic Details:		
Total Budget Request:	# of Program Years	One Year	Two Years	Three Years
Jurisdiction(s) to be served by Project:				
Proposed Number of Unduplicated Individu	uals Served (required):			
Estimated Number of Service Encounters w	ith Unduplicated Indiv	viduals Served:		
Targeted Health Disparities:				
Summarize / List Key Interventions:				
List Partner Organizations:				

Applicant Contact Information:

Official Authorized to Execute Contract(s):	
Name:	Title:
Email Address:	
Phone Number:	
Project Director:	
Name:	Title:
Email Address:	
Phone Number:	
Fiscal Contact:	
Name:	Title:
Email Address:	
Phone Number:	
	Signatures:
Official Authorized to Execute Contracts:	Signatures:
Official Authorized to Execute Contracts: Signature:	<u>Signatures:</u>
Signature:	<u>Signatures:</u>
Signature: Project Director:	<u>Signatures:</u>
Signature:	<u>Signatures:</u>
Signature: Project Director:	<u>Signatures:</u>
Signature: Project Director: Signature:	<u>Signatures:</u>
Signature: Project Director: Signature: Fiscal Contact: Signature:	<u>Signatures:</u>
Project Director: Signature: Fiscal Contact: Signature: Additional Contact Information:	
Project Director: Signature: Fiscal Contact: Signature: Additional Contact Information: Name:	Signatures: Title:
Project Director: Signature: Fiscal Contact: Signature: Additional Contact Information:	