ATTACHMENT 1 – Application Face Page

|  |  |
| --- | --- |
| 1. Organization Name
 |  |
| 1. Mailing Address
 |  |
| 1. Contact person name
 |  |
| 1. Contact person title
 |  |
| 1. Contact person email
 |  |
| 1. Contact person phone number
 |  |
| 1. DUNS number
 |  |
| 1. Federal Employer Identification Number (FEIN)
 |  |
| 1. Zip code + 4

(assigned by the US Postal Service) |  |
| 1. Total amount of funding requested (total for all time periods added together)
 |  |
| 1. Target populations
 |  |
| 1. Applicant type
 | [ ]  **Applicant Type A** – Already have a current or  previous contract with HCA.[ ]  **Applicant Type B** – New to contracting with HCA. |
| 13. If you are providing letters of support (up to 4), please also provide the following information: |
|  | Entity | Contact Name | Contact Email |
| Letter 1 |  |  |  |
| Letter 2 |  |  |  |
| Letter 3 |  |  |  |
| Letter 4 |  |  |  |
| **14. Is your Application complete?** Please check to make sure that your Application includes all components referenced in Section 5, *Application Contents*.  |
| **15. WEBS.** Did you register as a vendor in Washington’s Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/webs>? |

The individual with Contractor signature authority, as indicated on the Contractor Intake Form, is aware of this Application and supportive of its submission. **Please copy this individual in the email when submitting the Application materials.**

**On behalf of the Applicant submitting this Application, my name below attests to the accuracy of the above and attached statements and by signing below I certify that, on behalf of the Applicant agency, I am authorized to submit this Application to provide the described services.**

|  |  |  |
| --- | --- | --- |
| **SIGNATURE** | **NAME AND TITLE** | **DATE** |
|  |  |  |