

RFA LAAA 2024-01 ATTACHMENT 1

Application Form

Applicant Details

Application Date:

Name of Applicant:

Applicant EIN:

Mailing Address:

Physical Headquarters Address (if different from mailing address):

If address listed above is not in Colorado, please describe presence in Colorado/ability to serve Colorado consumers:

Website:

Primary Contact Person

Name:

Title:

Email Address:

Phone Number:

Fiscal Contact (if different)

Same as Primary Contact

Name:

Title:

Email Address:

Phone Number:

Authorized Representative (if different)

Same as Primary Contact

Name:

Title:

Email Address:

Phone Number:

Project Details

Project Title:

Total amount requested: \$

Proposal Overview/Executive Summary (150 word maximum):

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Amount requested by year:

Year 1: \$

Year 2: \$

Target geographic region:

Target population (if applicable):

Implementing Organizations (if applicable):

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date