

# RFA LAAA 2024-06 ATTACHMENT 1

## Application Form

### Applicant Details

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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:

### Project Director (Primary Contact)

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Name:

Title:

Email Address:

Phone Number:

### Fiscal Contact (if different)

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Same as Primary Contact

Name:

Title:

Email Address:

Phone Number:

### Principal Representative (if different)

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Same as Primary Contact

Name:

Title:

Email Address:

Phone Number:

### Project Details

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Project Title:

Total amount requested: \$

Proposal Overview/Executive Summary (150 word maximum):

# RFA LAAA 2024-06 ATTACHMENT 1

## Application Form

Current Annual Operating Budget:

Amount requested by year:

Year 1: \$

Year 2: \$

Target Opioid Settlement Region/s:

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.*

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Signature of Applicant

Date