

Minnesota Department of Health
Community HIV Health Education and Risk Reduction Projects
Applicant Information Sheet

Applicant Agency with which grant agreement would be executed:

Agency Legal Name: _____

Agency Address: _____

Website Address: _____

Minnesota Tax I.D. Number: _____

Dun and Bradstreet (DUNS) Number: _____

Federal Tax I.D. (EIN) Number: _____

Non-profit Status – 501(c) 3

Yes Not Applicable

If “Yes” attach the agency’s documentation of 501 (c) 3 status.

Agency Type:

- | | |
|---|---|
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Academic Institution |
| <input type="checkbox"/> Other Public Agency | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Community Based Organization (CBO) | |

Evidence of Workers’ Compensation Insurance

(see Form K: Evidence of Compliance of Workers’ Compensation Insurance)

No Yes Not Applicable

Director of Applicant Agency

Name: _____	E-mail Address: _____
Title: _____	Telephone Number: _____
Address: _____	Fax Number: _____

Contact Person for Further Information on Application *(if different from above)*

Name: _____	E-mail Address: _____
Title: _____	Telephone Number: _____
Address: _____	Fax Number: _____

Certification

I certify that the information contained herein is true and accurate to the best of my knowledge and that I have authority to submit this application on behalf of the applicant agency.

_____ Signature of Director of Applicant Agency	_____ Title	_____ Date
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Minnesota Department of Health
Community HIV Health Education and Risk Reduction Projects
Applicant Information Sheet
Instructions

Please type or print all items on the Applicant Information Sheet.

If there are questions, or assistance is needed in completing this form, please contact Gary Novotny by e-mail at gary.novotny@health.state.mn.us or if you do not have e-mail access telephone him at 651-201-4029.

Applicant Agency/Address/Website

Legal name of the agency authorized to enter into a grant agreement with the Minnesota Department of Health (e.g., Northwoods County Community Health Service, I.M. Healthy Community Clinic, or OutReachers Community-based Organization.) Mailing address for the applicant agency. If the agency has a website, list the website address.

Tax ID numbers and DUNS number

Minnesota Tax ID number is issued by the Minnesota Department of Revenue, the EIN (Employer Identification Number) is the federal tax identification number, and the Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by the Dun and Bradstreet Company. If an agency does not have a DUNS number one can be obtained at no cost by calling 1-888-814-1435 Monday-Friday, 8:00 a.m. - 6:00 p.m. or go to www.dnb.com/us. Under "D&B Resources" click on "Get a D&B DUNS Number" and follow instructions for "Get a DUNS number only."

Non-profit Status – 501 (c) 3 Copy Attachment

Check appropriate answer. Agencies other than governmental units are required to attach their 501 (c) 3 documentation with the application as evidence the agency is a non-profit institution, corporation, or organization.

Agency Type

Check appropriate answer.

Local Health Department - county or city health department

Other Public Agency - correctional institutions, mental health facilities, etc.

Community Based Organization (CBO) - 501 (c) 3 tax exempt non-profit organization

Academic/Research Institution - university, research center, etc.

If none of the options fit, then fill in "other" and specify.

Workers' Compensation

Minnesota Statutes, Chapter 176.181 subdivision 2 states that every employer in Minnesota must have Workers' Compensation insurance unless given an exemption by the Commissioner of the Department of Commerce. Complete the Form K entitled "*Evidence of Compliance of Workers' Compensation Insurance*" and if applicable attach the evidence to your application.

Director of the Applicant Agency

Person responsible for directing the applicant agency.

Contact Person for Further Information

Person who may be contacted for detailed information concerning the application, or proposed project(s), if different from number 6 above.

Certification and Signature of Director of Applicant Agency

By signing the Director of the applicant agency certifies that they are in agreement with the statement. Provide original signature and date.