Minnesota Department of Health

# Form B: SSP RFP Agency Cover Page/Agency Information Certification

## Agency Information

Please answer the following questions.

1. Agency name:
2. Program name:
3. Mailing address:
4. Agency website:
5. Primary contact person:
6. Authorized representative if different from primary contact person:
7. Email Address:
8. Phone:
9. Fax:
10. Agency type:
11. Nonprofit status:  Yes  No
12. Federal tax identification number:

*OR* Minnesota tax identification number:

1. SWIFT Supplier ID Number (if available):
2. SWIFT Location Code (if available):
3. Unique Entity Identifier (UEI) Name (formerly DUNS):
4. Total budget amount requested:
5. Proposed priority population(s):
6. Proposed target region/geographic area:

**Please also complete the checklist on the next page.**

## Checklist

A complete proposal must include the following materials. Please include all the required information in the proposal. Do not submit any materials that are not requested.

Use this form as a checklist to ensure you have all the required materials for submission. For forms that are only required once per applicant, MDH will ensure that members of the community review committee receive a copy of those forms with each separate proposal you submit.

**Form B:** Agency Cover Page/Agency Information Certification

**Form C:** Table of Contents

**Form D:** Conflict of Interest Form

**Form E:** Program Narratives:

* + Program Organizational Capacity
  + Program Design and Implementation
  + Equity Section

**Form F1**: Budget Justification Form

**Form F2**: Budget Summary Form

**Form F3**: Indirect Cost Questionnaire

**Form G:** Due Diligence Review Form

One of the following items is required for non-government agencies: *(one per applicant)*

**Financial statement** *(For organizations with less than $50,000 in revenue)*

**IRS Form 990** *(For organizations with $50,000 - $750,000 in revenue)*

**Certified Financial Audit** *(For organizations with more than $750,000 in revenue)*

If applicable, submit a copy of Federally Approved Indirect Rate

**Please also complete the certification on the next page.**

## Certification

I certify that all the information included in this proposal is true and accurate to the best of my knowledge, does not include trade secrets, and that I have the authority to submit this application.

**Name:**

**Title:**

**Signature:**

**Date:**