Minnesota Department of Health

# Form A: PrEP RFP Agency Cover Page/Agency Information Certification

## Agency Information

1. Agency name:
2. Program name:
3. Mailing address:
4. Agency website:
5. Primary contact person:
6. Email Address:
7. Phone:
8. Fax:
9. Agency type:
10. Nonprofit status: ☐ Yes ☐ No
11. 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

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.

☐ **Form A**: Agency Cover Page/Agency Information Certification

☐ **Form B**: Applicant Conflict of Interest Disclosure Form

☐ **Form C**: Table of Contents

☐ **Form D**: Program Organizational Capacity Narrative

☐ **Form E**: Program Activities Narrative

☐ **Form F1**: Budget Justification Narrative

☐ **Form F2**: Line-Item Budget Summary

☐ **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

## 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 proposal.

**Name**:

**Title**:

**Signature**:

**Date**: