Center for Sharing Public Health Services: Shared Services Learning Community

Eligibility Criteria *

* Indicates required

Teams must choose an organization to serve as the lead organization and grant recipient, and to be eligible the applicant organization must be located in the United States or its territories and be a:

- State or local government agency; or
- Tribal group recognized by the U.S. federal government; or
- Nonprofit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Preference will be given to Section 501(c)(3) organizations that are not classified as a private foundation or Type III supporting organization.

1. Do you fit the eligibility criterion described above? *

◯ Yes

◯ No

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Center for Sharing Public Health Services: Shared Services Learning Community

Applicant Organization and Tax Verification *

* Indicates required

Provide the following information about the applicant organization. **Include the formal legal name of the organization that, if awarded, will receive grant funds.**

Note: If the Applicant Organization is a college or university, include the appropriate School, Department or Unit.

Organization *

School/Department/Unit

Address *

Address (line 2)

City *

State / Territory *

Zip Code + 4-digit extension *

Phone Number *

Fax Number

Website

Tax Verification

1. Applicant Organization Tax ID (Employer ID Number)
2. Is the applicant organization tax-exempt under section 501(c)(3) of the Internal Revenue Code, or a state university, or a governmental entity? *

   ◯ Yes ◯ No
3. Is the applicant organization a private foundation, or a Type III supporting organization? *

   ◯ Yes ◯ No

   NOTE: Preference is given to tax-exempt organizations that are not private foundations or Type III supporting organizations. The Foundation may require additional documentation.

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Center for Sharing Public Health Services: Shared Services Learning Community

Key Contacts *

* Indicates required

- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home."
- Use the "Copy feature" to copy completed organizational and address information to a new contact. Choose a role from the drop-down menu and select the "Copy" button.
- If the Key Contact Organization is a college or university, include the appropriate School, Department or Unit.

Project Director *

This is the person with the responsibility for carrying out the project. This person will be the primary recipient of all key Foundation correspondence: copy of award notice, post-award financial and monitoring and grant closure.

E-mail *

Confirm E-mail *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number *

Phone Extn

Cell Phone Number

Fax Number

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Project Co-Director

If applicable, provide the following information for the project co-director who will share responsibility for this project. This person will also receive all key Foundation correspondence as described above.

E-mail *

Confirm E-mail *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number * Phone Extn

Cell Phone Number

Fax Number

Alternate Contact

The Alternate Contact should be the Project Director's assistant or another person we can contact if the Project Director is unavailable.

E-mail *

Confirm E-mail *

Prefix *

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First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number * Phone Extn

Cell Phone Number

Fax Number

Financial Officer *

This is the person who will receive all payments for this award.

E-mail *

Confirm E-mail *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

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Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number *

Phone Extn

Cell Phone Number

Fax Number

Authorized Official *

This is the person who receives the Letter of Agreement for a project and whom the applicant organization has designated as being authorized to sign contracts on behalf of the organization. This person will receive a copy of the award notice.

E-mail *

Confirm E-mail *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

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Country

State / Territory *

Zip or Postal Code *

Office Phone Number * Phone Extn

Cell Phone Number

Fax Number

Highest Ranking Official *

This person is generally the highest ranking individual of the applicant organization (e.g., CEO, president, chancellor or similar officer). The award notice is addressed to this person.

E-mail *

Confirm E-mail *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s)

Organization *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip or Postal Code *

Office Phone Number * Phone Extn

Cell Phone Number

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Fax Number	

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Center for Sharing Public Health Services: Shared Services Learning Community

Project Summary *

* Indicates required

Please provise:

- Your Proposed Project Title (up to 150 characters, including spaces)
- Total Amount of RWJF Funding (up to $125,000)

Proposed Project Title *

Total Amount of RWJF Funding Requested $ *

Proposed Project Start Date 1/15/2013

Duration 24 months

Project Summary *

In no more than 2000 characters, including spaces (roughly 350 words), please summarize your proposed work in the text box below. This project summary should briefly describe each component of your proposal.

The system will not permit a response that exceeds 2000 characters, including spaces.

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Center for Sharing Public Health Services: Shared Services Learning Community

Project Information Questions *

* Indicates required

1. What phase best describe your team's current cross-jurisdictional sharing (CJS) efforts (see appendix A of the call for proposals) *

Check all that apply:

- [ ] Exploring
- [ ] Implementing
- [ ] Improving
- [ ] Other (please describe)

2. Describe the health department types involved in your proposed CJS arrangement. *

Check all that apply:

- [ ] Local
- [ ] State
- [ ] Territorial
- [ ] Tribal
- [ ] Other (please describe)

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Center for Sharing Public Health Services: Shared Services Learning Community

Full Proposal Narrative *

* Indicates required

To Begin
Download the template shown below. Follow the instructions included on the template.

To Upload
Upload the completed template by selecting the "Upload document" button in the "Uploaded Documents" column. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," located in the Reference box to the left.

Description	Templates	Uploaded Documents
Full Proposal Narrative * To maintain the original formatting, ***you must convert your document to a PDF file prior to uploading***. For additional information, refer to "Troubleshooting Tips," located in the Reference box to the left. Download the template in the "Templates" column to the right, and follow the instructions carefully.	Full Proposal Narrative	

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Center for Sharing Public Health Services: Shared Services Learning Community

Budget Worksheet *

* Indicates required

An important component of your proposal is the preparation of a budget. Complete every field on this page using your best judgment when projecting expenses. Refer to the *Glossary & Instructions* section of the *Budget Preparation Guidelines* for complete instructions on the following categories:

- Personnel—salary and fringe costs.
    - Amount – enter the RWJF requested amount.
    - FTE (if shown) – this column does not calculate.
    - Total – this column will replicate the “Amount” column for a single budget period and will show the cumulative total for multiple budget periods (if applicable).
- Other Direct Costs—office operations, communications/marketing, travel, meeting expenses and project space.
- Purchased Services—consultant and/or contract costs.
- Indirect Costs—administrative expenses related to overall operations. The Foundation’s approved rate for Indirect Costs is 12 percent of Personnel, Other Direct Costs and Purchased Services. When Purchased Services total more than 33 percent of the RWJF portion of a budget, the Foundation limits indirect costs on the Purchased Services category to 4 percent.

Select "Add" to the right to add the second budget period.

For additional information, refer to the "Budget Preparation Guidelines" link shown on the left.

From the Project Summary section.

Start Date	Duration	End Date	Project Total

Budget Worksheet

	Period 1	Total
Personnel		
Other Direct Costs		
Purchased Services		
Indirect Costs		
Total		

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Center for Sharing Public Health Services: Shared Services Learning Community

Budget Narrative *

* Indicates required

Download the template shown below. Follow the instructions included on the template. Upload the completed template by selecting the "Upload document" button in the Uploaded Documents column.

To maintain the original formatting, **you must convert your document(s) to a PDF file prior to uploading**. For additional information, refer to "Troubleshooting Tips," located in the Reference box to the left.

Description	Templates	Uploaded Documents
Budget Narrative * For additional information, review the "Budget Preparation Guidelines" in the Reference box found in the left-hand column.	Budget Narrative	

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Center for Sharing Public Health Services: Shared Services Learning Community

Supporting Documents *

* Indicates required

The following three supporting documents are either required or optional, as indicated:

1. CV/Resume (*required)*
2. Letters of Commitment (*required*)
3. Appendices (*optional*)

To prepare, upload and submit these documents:

- Be sure to download each template or set of instructions found in the "Templates" column below, and carefully follow the instructions for each.
- Complete the "Identifying Information" section, if requested.
- **You must convert your document(s) to a PDF file prior to uploading.** Converting to a PDF will maintain the original formatting. For additional information, refer to the "Troubleshooting Tips" link to the left.
- Upload the completed documents by selecting the "Upload document" button in the "Uploaded Documents" column. For additional upload instructions, refer to the "Upload Documents" section of the "Applicant Guide" (link on left side of screen).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
CV Instructions * See the instructions link in the "Templates" column to the right. You may submit up to five two-page documents.	CV Instructions	
Letters of Commitment * To submit Letters of Commitment, see the instructions link in the "Templates" column to the right. • Submit up to two two-page letters of commitment from each jurisdiction involved in the project. • Letters should be from those policymakers and public health leaders with the authority to enter into whatever form of cross-jurisdictional agreement is being contemplated.	Letters of Commitment	
Optional Appendices If you choose to submit appendices, download the template (see link in "Templates" column to the right) and follow the instructions carefully. You may submit up to two 15-page documents.	Appendices Template	

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Center for Sharing Public Health Services: Shared Services Learning Community

Polls and Surveys *

* Indicates required

Please respond to the question below to let us know if there are to be any polls or surveys that will be a part of this proposed project.

Note: RWJF-funded surveys must conform to the Code of Professional Ethics and Practices of the American Association for Public Opinion Research (AAPOR).

All grantees conducting a survey will be expected to fill out two survey forms, describing their Survey Design and Survey Results. Links to both survey forms will be emailed to the project director 30 days after the grant start date.

A survey is defined as any quantitative study of human populations that has the following characteristics:

1. The population to be studied is defined.
2. A representative sample is selected from this population.
3. Characteristics of this sample are measured.
4. Sample statistics are calculated.
5. Inferences are made from the sample statistics to the population parameters of interest.

The following types of research do ***not*** constitute survey research: focus groups, specialized interviewing, additional analysis of a previously fielded survey, laboratory or other experiments.

For additional information, please read the RWJF Guidelines for Funding and Releasing Polls and Surveys.

1. Will any polls or surveys be conducted as part of this proposed project? *

◯ Yes ◯ No

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Center for Sharing Public Health Services: Shared Services Learning Community
Full Proposal Narrative

Instructions for using this template.

This template is to be used to provide your proposal narrative.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Describe your project in the Proposal Narrative section below (maximum of 15 pages), double-spaced.
- Delete this block of instructions and the guidelines under each section heading before uploading your proposal narrative.
- **Save your final Proposal Narrative as a PDF file.** *Refer to the online Applicant Guide, "Upload a Document" section (see link on left navigation bar) for more information on uploading your PDF file. Refer to the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*
- Upload the PDF file to the Proposal Narrative section of the online system.
- Upload supplemental documentation and letters of commitment according to the instructions provided under the section headings.

NOTES:

- Your narrative should be typed in **12-point Arial font and black type**. **The entire narrative, including section headings, should be no more than 15 pages with double-spacing** and one-inch margins on the top, bottom and sides of the page.
- Although approximate numbers of pages per section are provided, these are only suggestions and intended to serve as a guide. The only requirement is that you not exceed the 15-page limit as you will not be able to upload a document that is longer than 15 pages.
- Do not adjust the margins or font style/size of this template.
- No hardcopy materials will be accepted as part of your online submission.

Remember to delete this block of instructions—and the guidelines under each section heading—before uploading this template.

Identifying Information
Project Title: Center for Sharing Public Health Services: Shared Services Learning Community
Proposal I.D.: (your proposal ID goes here—found in the upper right corner of any screen in this online system)

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Applicant Name: (your Project Director's name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

Proposal Narrative

(Your Proposal Narrative goes here. Do not exceed 15 pages, double-spaced.)

BACKGROUND INFORMATION (approximately three pages)

- Describe the jurisdictions and health departments involved in the project including at a minimum: population of jurisdictions; government structure for the jurisdictions; health department size and structure, public health governance structure and any cross-jurisdictional sharing (CJS) arrangements currently in place.

- Describe the team's interest in pursuing this grant opportunity, including efforts to date to explore, implement, and/or improve a CJS arrangement; and goals for the two-year project period including rationale for wanting to participate in the Learning Community

TEAM MEMBERS (approximately two pages)

- Describe the proposed CJS team, including team member names, titles and organizational affiliations and their roles, responsibilities and relevant expertise.

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- Identify the designated CJS Team Lead and the designated Communications Coordinator.

- Identify any additional stakeholders you plan to engage during the project period and their anticipated contributions to the project and Learning Community.

- Provide a rationale for selecting the applicant organization to represent the team; and the process for managing/coordinating the team.

PROJECT DESCRIPTION (approximately six pages)

- Provide a description of what the team intends to accomplish during the two-year grant period. This should include the clearly identified objectives, the team's approach to achieve each of the objectives, and measures of success for the team's CJS work.

- Provide a description of what the team hopes to gain by participating in the Learning Community and what your team's work and experience will contribute to the Learning Community.

- Identify the types of training, technical assistance, and/or consultation that the team anticipates needing in order to achieve its goals.

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- Articulate a long-term vision for this effort, including whether or not the health departments intend to apply for national public health accreditation; and the potential next steps once the grant period has ended.

ENGAGEMENT STRATEGY (approximately one page)

- Describe how, over the course of the two-year project, team members and other stakeholders will be engaged in the CJS process. In particular, describe the processes for sharing information and lessons learned among team members and stakeholders; engaging any stakeholders not currently part of the CJS team; and ensuring collaboration across jurisdictions and between public health and policymakers.

OPPORTUNITIES AND CHALLENGES (approximately one page)

- Describe both the opportunities and challenges you expect during the two-year project period, and how you expect to address possible challenges.

APPLICANT ORGANIZATION (approximately one page)

- Provide a description of the applicant organization and a list of all staff who will be involved in this effort, including name, title, organization, FTE, and specific roles and responsibilities.

TIMELINE (approximately one page)

- Provide a timeline of the major milestones anticipated to be achieved over the course of the two-year project.

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Center for Sharing Public Health Services: Shared Services Learning Community Proposal
Budget Narrative Template

Instructions for using this template.

An important component of the submission process is the preparation of a detailed budget narrative, which links the requested funding from the budget worksheet with specific elements of the proposed project. Best judgment should be used when projecting program expenses. This template must be used to provide a budget narrative for the proposed project.

You should:

- **Familiarize yourself with the Budget Preparation Guidelines located in the "Reference" box, located on the left-hand side of all screens in the online system.** Once you have accessed the guidelines, you can print them by selecting "Print Budget Guidelines" found in the upper right corner of the screen.
- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- In the table shown below, complete all **categories** and **sub-categories** for which you are requesting funding.
- Delete this block of instructions.
- **Save your Budget Narrative as a PDF file.** *Refer to the online Applicant Guide, "Upload a Document" section (see link on left navigation bar) for more information on uploading your PDF file. Refer to the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*
- Upload this file to the Budget Narrative section of the online system.

For each of the categories and sub-categories below, explain — completely and in as much detail as possible — how the funds for this line item will be spent and how the amount was determined. Refer to the Robert Wood Johnson Foundation (RWJF) Budget Preparation Guidelines available in the Reference Materials section of the online system for more information.

NOTES:

- Delete any categories (e.g., Personnel, Other Direct Costs) or sub-categories (e.g., Other Staff, Travel, Consultants) that are not included in your budget.
- Include detailed Full Time Equivalent (FTE) information for each person/role in the Personnel category where funds are being requested.
- Include a Contract Budget and Fact Chart, if applicable, for any contracts that are a part of your proposed project.
- Do not adjust the margins or font style/size of this template.
- No hardcopy materials will be accepted as part of your online submission.

Remember to delete this block of instructions before uploading this template.

Identifying Information
Project Title: (your project title goes here)
Proposal I.D.: (your proposal ID goes here—found in the upper right corner of any screen in this online system)
Applicant Name: (your Project Director's name goes here)

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Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

Category	Narrative
Personnel **Note: You *must* include base annual salary and full time equivalent (FTE) information for each person/role where funds are being requested in this category. We recommend you insert a table with this information. See Personnel section of Budget Preparation Guidelines for complete instructions.**	
Project Director	
Project Staff	
Administrative Staff	
Other Staff	
Fringe Benefits	
Other Direct Costs	
Office Operations	
Surveys	
Communications/ Marketing	
Travel	
Meeting Expenses	
Equipment	
Project Space	
Other	
Purchased Services	
Consultants	
Contracts *	
Indirect Costs	
Indirect Costs	
In-kind Support	

***If contracts are a part of your proposed budget, you *must* complete one Contract Budget and Fact Chart for each contract**. Copy and paste the chart below if there are multiple contracts. Enter "TBD" when information is not yet known. See Glossary & Instructions, Contracts and Deliverables sections for additional information. If there are no contracts, delete these instructions and chart shown below before uploading to the online system.

Contract Budget and Fact Chart

Contractor Name	
Contract Start Date	
Contract End Date	
Scope of Work	
Deliverables	
Total Cost	
Cost Justification	

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Center for Shared Public Health Services: Shared Services Learning Community
Key Project Staff CV/Resume Instructions

CVs/Resumes should include information on education and professional experience, years in elected or appointed office, and relevant publications.

You may upload a separate CV/resume for the project director and other key project staff (if applicable). You may use a National Institutes of Health (NIH) or National Science Foundation (NSF) bio-sketch.

For a hard copy CV/resume, you should scan each one individually and save to your computer as a PDF file. To upload, select the "Upload document" button found in the Uploaded Documents column.

For an electronic CV/resume, you should save each one individually to your computer as a PDF file. To upload, select the "Upload document" button found in the Uploaded Documents column.

NOTES:

- **Save your CV/resume as a PDF file.** *Refer to the online Applicant Guide, "Upload a Document" section (see link on left navigation bar) for more information on uploading your PDF file. Refer to the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*
- The maximum page-limit per CV/Resume is two.
- The maximum number of CVs/Resumes is five.
- To upload more than one CV/Resume, select "Upload document" after you have uploaded your first CV/Resume in the Uploaded Documents column.

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Center for Sharing Public Health Services: Shared Services Learning Community

Letters of Commitment Instructions

You must submit at least one, but no more than two letters of commitment from each jurisdiction involved in the project**.** Each letter of commitment may not exceed two pages and should be submitted on agency letterhead.

Letters should be from those policymakers and public health leaders with the authority to enter into whatever form of cross-jurisdictional agreement is being contemplated. Please note that the letters should reflect the perspective of the signer, and form letters will not be accepted. Each letter should include the following:

- a statement of commitment to the team's exploration, implementation or improvement of a CJS arrangement;
- a description of why they are interested in participating in the jurisdiction's CJS effort, what they will contribute and what they hope is accomplished during the project period;
- a description of what they hope to contribute to and learn from the national Learning Community; and
- an overall goal to improve the effectiveness, efficiency, capacity, and performance of the involved governmental public health agencies.

For hard copy letters, you should scan the letter and save to your computer as a PDF file. To upload, select the "Upload document" button found in the Uploaded Documents column.

For electronic letters, you should save the letter to your computer as a PDF file. To upload, select the "Upload document" button found in the Uploaded Documents column.

NOTES:

- **Save your Letter(s) of Commitment as a PDF file.** *Refer to the online Applicant Guide, "Upload a Document" section (see link on left navigation bar) for more information on uploading your PDF file. Refer to the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*
- To upload, select "Upload document" in the Uploaded Documents column.
- You may upload each letter individually. After each upload, another "Upload document" button will appear. A "Remove" button will also appear, in case you need to delete an uploaded document.

SAMPLE - not intended for submission

Center for Sharing Public Health Services: Shared Service Learning Community
Appendix: Optional Supplemental Documents Template

Instructions for using this template.

Applicants have the **option** of providing up to two supplemental documents that reflect Cross Jurisdictional Sharing efforts to date. This template should be used as a cover sheet for each document submitted. **If not applicable,** you do not need to upload this template.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Complete the **Documentation Description** section below. Examples of documentation you may submit in this template include:
  - analysis or CJS feasibility study;
  - CJS legal agreements; and/or
  - CJS implementation plans
- Delete this block of instructions before uploading your appendices.
- **Save your final Appendices Template as a PDF file.** *Refer to the online "Applicant Guide," Upload a Document section (see link on left navigation bar) for more information on uploading your PDF file. Refer to Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*
- Upload the PDF file to the "Supporting Documents" section of the online system.

NOTES:

- Each uploaded document may not exceed 15 pages.
- You may upload each document individually. After each upload, another "Upload document" button will appear; however, **do not upload more than two documents.** A "Remove" button will also appear, in case you need to delete an uploaded document.
- No hardcopy materials will be accepted as part of your online submission.

Remember to delete this block of instructions before uploading this template.

Identifying Information
Project Title: (your project title goes here)
Proposal I.D.: (your proposal ID goes here—found in the upper right corner of any screen in this online system)
Applicant Name: (your Project Director's name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

Document Description (Please provide a brief [no more than four sentences] description that reflects CJS efforts to date of this document.)

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