

Project Title:

Amount Requested:

STATE OF MARYLAND **Community Health Resources Commission**

Temporary Physical Address: 100 Community Place, Room 4.507, Crownsville, MD 21032 Temporary Mailing Address: P.O. Box 2347, Annapolis, MD 21404

Larry Hogan, Governor; Boyd Rutherford, Lt. Governor; Edward J. Kasemeyer, Chair; Mark Luckner, Executive Director

Grant Application Cover Sheet Maryland Health Equity Resource Act Pathways to Health Equity Call for Proposals

Addressing health disparities, improving health outcomes and reducing health care costs

Lead or Coordinating Organization Applicant: Name: Federal Tax Identification Number (EIN): Street Address: Zip Code: City: State: County: **Official Authorized to Execute Contract(s):** Title: Name: **Email Address:** Phone Number: Signature: Date: **Project Director:** Name: Title: **Email Address:** Phone Number: Signature: Date: **Alternate Contact Person:** Title: Name: Email Address: Phone Number: Signature: Date: **Grant Request:**