



## Cover Page

OMB No.: 0915-0285. Expiration Date: 9/30/2016

|  |                          |                          |                          |                                    |
|--|--------------------------|--------------------------|--------------------------|------------------------------------|
| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><br><b>Cover Page</b> |                          | <b>FOR HRSA USE ONLY</b> |                          |                                    |
|  |                          | <b>Look-Alike Number</b> |                          | <b>Application Tracking Number</b> |
|  |                          |                          |                          |                                    |
| <b>Applicant Information</b>   |                          |                          |                          |                                    |
| Legal Name   |                          | Will pre-populate in EHB |                          |                                    |
| Employee Identification Number (e.g. 53-2079819)   |                          | Will pre-populate in EHB |                          |                                    |
| Organizational DUNS  |                          | Will pre-populate in EHB |                          |                                    |
| Mailing Address  |                          | Will pre-populate in EHB |                          |                                    |
| <b>Select Target Population(s)</b>   |                          |                          |                          |                                    |
| <b>Target Population Type</b>  |                          | <b>Select</b>            |                          |                                    |
| Community Health Centers   |                          | <input type="checkbox"/> |                          |                                    |
| Health Center for the Homeless   |                          | <input type="checkbox"/> |                          |                                    |
| Migrant Health Centers   |                          | <input type="checkbox"/> |                          |                                    |
| Public Housing   |                          | <input type="checkbox"/> |                          |                                    |
| <b>Point of Contact (POC) Information</b>  |                          |                          |                          |                                    |
| <b>Title of Position</b>   | <b>Name</b>              | <b>Phone</b>             | <b>Email</b>             | <b>Options</b>                     |
| Will pre-populate in EHB   | Will pre-populate in EHB | Will pre-populate in EHB | Will pre-populate in EHB |                                    |
| <b>Authorizing Official (AO) Information</b>   |                          |                          |                          |                                    |
| <b>Title of Position</b>   | <b>Name</b>              | <b>Phone</b>             | <b>Email</b>             | <b>Options</b>                     |
| Will pre-populate in EHB   | Will pre-populate in EHB | Will pre-populate in EHB | Will pre-populate in EHB |                                    |

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

## Instructions for Cover Page

This form collects required LAL applicant organization information. Verify or provide requested information as needed.