

Request for Applications – RFA Number 0712201140
Primary Care Infrastructure

MULTIPLE PROVIDER / PARTICIPANT CONSENT FORM

REQUIRED FOR APPLICATIONS WITH MULTIPLE PARTICIPANTS IN GRANT APPLICATION

Lead Applicant in Grant Application

- Lead Applicant has requested and received consent from the participants listed below to fully participate and assist in the implementation of all aspects of the Project submitted. Lead Applicant understands that it will be asked to sign a Grant Disbursement Agreement relating to the entire project should the application lead to an award.

Lead Applicant Name: _____
(please type)

Lead Applicant Authorized Signature: _____

Date: _____

Participants in Grant Application (Please list all participants)

- Participant understands all aspects of the Project described in the grant application submitted by the Lead Applicant (above) and consents to its inclusion therein.
- If the grant is awarded, Participant agrees to fully cooperate in the implementation of the Project described in the grant application and consents to Lead Applicant executing a Grant Disbursement Agreement in connection therewith.
- Participant understands that they are still responsible for all Project activities for their specific facility and all reporting requirements as identified in the Grant Disbursement Agreement.

Participant Name: _____
(please type)

Participant Authorized Signature: _____

Date: _____

Participant Name: _____
(please type)

Participant Authorized Signature: _____

Date: _____