



Healthcare Access Initiative
Healthcare Quality Improvement Grant
Signature Page

Agreement for Participation in the Healthcare Access Initiative Healthcare Quality Improvement Grant

By signing below, the Grant Applicant agrees to fulfill all the requirements outlined in the Healthcare Quality Improvement Grant Request for Proposal. The signer affirms that he/she has the authority to submit this application for funding, the information contained in the grant application is true and correct, the proposed project has been adopted by the applicant as a part of the plan of work or aligns with the existing work of the applicant organization, and that all payroll taxes have been paid and are current as allowed by law.

Full Proposal applications must be submitted online by 5:00 p.m. Central Time, Tuesday, August 13, 2019.

Required Signature:

Executive Director or Authorized Representative:

Printed Name _____

Signature _____ Date _____

Officer of the Board:

Printed Name _____

Signature _____ Date _____

The Rapides Foundation Contacts:

Questions about this grant opportunity:

Trayce Snow, Senior Program Officer

trayce@rapidesfoundation.org

Direct Line: 318-767-3007

Questions about online submission:

Rebecca Simoneaux, Grant Management Assistant

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Direct Line: 318-767-3013

The Rapides Foundation: 318-443-3394 or toll-free 800-994-3394