



THE RAPIDES FOUNDATION

Healthcare Access Initiative

Healthcare Occupations Program Grant

Signature Page

Agreement for Participation in the application process for the Healthcare Occupations Program Grant of the Foundation's Healthcare Access Initiative.

By signing below, the Grant Applicant is certifying the organization wishes to implement the project described in its Full Proposal and agrees to fulfill all the requirements outlined in the Healthcare Occupations Program Request for Proposals. The signer affirms they have authority to submit this application for funding, the information contained is true and correct, the proposed project aligns with the existing work of the applicant organization, and that all payroll taxes have been paid and are current as allowed by law.

The Full Proposal must be submitted using the Foundation's online application process by Monday, August 8, 2022 no later than 1:00 p.m. CT.

Required Signatures:

Chancellor of Postsecondary Institution:

Name of Institution: _____

Printed Name: _____

Signature: _____ Date: _____

<p>For questions related to <u>nursing proposals</u> please contact:</p> <p>Matt LaBorde, Program Officer Matt@rapidesfoundation.org Main line: 318.443.3394 Direct line: 318.767.3003</p>	<p>For questions related to <u>allied or behavioral health proposals</u> please contact:</p> <p>Kiydra Harris, Program Officer Kiydra@rapidesfoundation.org Main line: 318.443.3394 Direct line: 318.767.3007</p>
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