

## Healthcare Access Initiative Integrated Behavioral Health Program Assessment and Planning Grant Signature Page

## Agreement for Participation in the Integrated Behavioral Health Program Assessment and Planning Grant

The signer affirms: authority to submit this application for funding; the information contained in the grant application is true and correct; the proposed project will be adopted by the applicant as a part of the plan of work or aligns with the existing work of the applicant organization; and all payroll taxes are paid and current as allowed by law.

Full proposals must be submitted using the Foundation's online application process by Submit Monday, April 11, 2022; Monday, August 15, 2022; or Monday, October 17, 2022 no later than 1:00 p.m. CT.

## **Required Signature:**

| Executive Director or Authorized Representative:               |                                    |
|--|------------------------------------|
| Printed Name   |                                    |
| Signature  | Date                               |
| Officer of the Board:  |                                    |
| Printed Name   |                                    |
| Signature  | Date                               |
| Contacts:  |                                    |
| Questions about this grant opportunity:                        | Questions about online submission: |
| Kiydra Harris, Program Officer                                 | Courtney Keys, Programs Assistant  |
| courtney@rapidesfoundation.org                                 | courtney@rapidesfoundation.org     |
| Direct Line: 318-767-3007                                      | Direct Line: 318-767-3013          |
| The Rapides Foundation: 318-443-3394 or toll-free 800-994-3394 |                                    |