

MIPPA Application Cover Sheet

2013 MIPPA Funding Opportunity

Total Funding Requested:

Project Director:

Contact Information:

Priority Area 1

Priority Area 1 Funding Requested:

Eligible Entity Serving as the Lead Agency:

Project Title:

Address:

Key Contact Name and Title:

E-mail:

Phone:

Fax:

Agency EIN: (include any agency suffix qualifier as appropriate)

DUNS Number:

Priority Areas 2 and 3

Priority Area 2 Funding Requested:

Priority Area 3 Funding Requested:

Eligible Entity Serving as the Lead Agency:

Project Title:

Address:

Key Contact Name and Title:

E-mail:

Phone:

Fax:

Agency EIN: (include any agency suffix qualifier as appropriate)

DUNS Number:

Lead Organization Responsible for Submitting Application and Performance Reports

Agency Name:

As the project director of the lead agency, I certify that our agency has the clear authority to oversee and coordinate the proposed activities, and is capable of convening a suitable working group of all relevant members.

Project Director, Lead Agency

Names of Coalition Members Actively Participating in the Project

Statement of Collaboration

The key contact from each agency listed above should sign below. Where one state agency is applying for all three priority areas, only one signature will be required, two state applicant agencies will require two signatures.

We the undersigned, representing the key state agencies partnering to implement the 2013 MIPPA funding opportunity, agree that this application represents a collaborative effort that will be coordinated across key agencies. We further agree to cooperate fully with CMS, ACL and the resource center in the implementation of this project.

Priority Area 1 - Eligible Entity Serving as the Lead Agency

Priority Area 2 and 3 - Eligible Entity Serving as the Lead Agency