

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 1-62-600-1445-D
		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: TENNESSEE DEPARTMENT OF HEALTH

Address (give city, county, State, and zip code): _____

Organizational Unit: _____

Name and telephone number of person to be contacted on matters involving this application (give area code): _____

6. EMPLOYER IDENTIFICATION NUMBER(EIN):

6	2	-	6	0	0	1	4	4	5
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7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.	<input checked="" type="checkbox"/> A
B. County	I. State Controlled Institution of Higher Learning	
C. Municipal	J. Private University	
D. Township	K. Indian Tribe	
E. Interstate	L. Individual	
F. Intermunicipal	M. Profit Organization	
G. Special District	N. Other (Specify) _____	

8. TYPE OF APPLICATION:
 New Continuation Revision
Revision, enter appropriate letter(s) in box(es)
A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY: _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

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TITLE: _____

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: _____

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): _____

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project

15. ESTIMATED FUNDING:

Federal	\$	00
Applicant	\$	00
State	\$	00
Local	\$	00
Other	\$	00
Program Income	\$	00
TOTAL	\$	00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____
b. No. PROGRAM IS NOT COVERED BY E. O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
 Yes If "Yes," attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Type Name of Authorized Representative <u>Fredia Wadley, M.D.</u>	b. Title <u>Commissioner</u>	c. Telephone Number <u>(615) 741-3111</u>
Signature of Authorized Representative		e. Date Signed