**Attachment A**

**Washington Migrant and Asylum-Seeker Support Project**

**Application Cover Sheet**

|  |  |
| --- | --- |
| **Name and address of applicant organization:** |  |
| **Name and email of executive director:** |  |
| **Name and email of primary application contact:**  |  |
| **Federal Tax ID or EIN of applicant organization:** |  |
| **Unique Entity Identifier (formerly SAMs number):** |  |
| **DUNs number:** |  |
| **Total funding:** | **$** |
| **Please indicate the proposed service type:** | * Newcomer Reception and Navigation Hub
* Migrant Housing Services
* Immigration-Related Legal Services
* Culturally Responsive Case Management Services
 |

**Submission Certifications:**

1. I am authorized to submit this Application on behalf of Applicant, to make representations on behalf of Applicant and to commit Applicant contractually.
2. I have read the Funding Overview, Application Instructions and the Sample Contract. In submitting this Application, our organization accepts all terms and conditions stated in the Application Documents.
3. Applicant represents that it meets all minimum qualifications set forth in this ORIA’s Request for Applications and is capable, willing and able to perform the services described in the ORIA’s Request for Applications within the time frames set forth for performance.

## By my signature below, I certify that all statements and information provided in Application are true and complete.

Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_