

## SB181 Request for Application Extension (RFA# 35913) **Cover Sheet and Signature Page**

Date:

Applications to:

Submit Colorado Department of Public Health & Electronic Environment, Office of Health Equity

Espyybarra63@gmail.com

Submission Friday, February 3, 2023 Deadline: 5:00 p.m. (Mountain Time) **CDPHE Contact:** Espy Ybarra,

**HDCGP Temp Employee** 

Respondents are solely responsible for timely completion and submission of all required documents as instructed.

## Health Disparities and Community Grant Program

Per the attached specifications, terms and conditions

**\*F.E.I.N.:** 84-6000748

0757551990000 DUNS:

Authorized Signature:

Claire Leva

Original signature (in ink) or time stamped electronic signature acknowledges acceptance of all terms and

conditions of the solicitation.

Typed/Printed

Name: McKenzie LeTendre

Title: Program Manager

Company Name: **Boulder County** 

Address: PO Box 471

Zip: 80306 City: Boulder State: CO Phone Number: 303-441-3925 Fax Number: N/A

Contact for

Clarifications: McKenzie LeTendre

> Title: Program Manager

Phone Number: 303-717-0200 Fax Number: N/A

**Email Address:** mletendre@bouldercounty.org

THIS PAGE MUST BE COMPLETED, SIGNED (in ink) AND RETURNED WITH YOUR RESPONSE.

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