# Applicant Cover Page

## 2022–23 School Health Demonstration ProjectTechnical Assistance Teams SelectionRequest for Application

Please complete the following:

**Lead Local Educational Agency (LEA) Name:** [Enter LEA Name]

**LEA’s County-District-School Code (CDS):**
[Enter CDS Code]

**LEA’s Mailing Address:**

[Enter LEA Address]

[Enter LEA City], CA [Enter LEA Zip Code]

[Enter LEA County]

**Primary Contact:**

 **Name:** [Enter Primary Contact Name]

 **Title:** [Enter Primary Contact Title]

 **Phone:** [Enter Primary Contact Phone]

 **Email:** [Enter Primary Contact Email]

**Secondary Contact:**

 **Name:** [Enter Secondary Contact Name]

 **Title:** [Enter Secondary Contact Title]

 **Phone:** [Enter Secondary Contact Phone]

 **Email:** [Enter Secondary Contact Email]

I support this application for the School Health Demonstration Project Technical Assistance Teams. I certify that one or more of the LEA’s consortium are currently participating in the Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) and the School-Based Medi-Cal Administrative Activities (SMAA) Program. I also certify that all LEA consortium members participating in the LEA BOP and/or SMAA Program are in compliance with the Department of Health Care Services school-based health programs at the time the application is submitted.

By typing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Form. Sign and date below.

**Lead LEA Superintendent or Designee Name:**[Enter Lead LEA Superintendent or Designee]

**Date Signed by Lead LEA Superintendent or Designee:**[Enter date signed by lead LEA Superintendent or Designee (mm/dd/yyyy)]

**Consortium Member 2 Name:** [Enter LEA/Entity Consortium Member 2 Name]

**If an LEA, include County-District-School Code:**
[Enter Consortium Member 2 CDS Code]

**LEA/Entity Mailing Address:**

[Enter Consortium Member 2 Address]

[Enter Consortium Member 2 City], CA [Enter Consortium Member 2 Zip Code]

[Enter Consortium Member 2 County]

**Primary Contact:**

 **Name:** [Enter Consortium Member 2 Primary Contact Name]

 **Title:** [Enter Consortium Member 2 Primary Contact Title]

 **Phone:** [Enter Consortium Member 2 Primary Contact Phone]

 **Email:** [Enter Consortium Member 2 Primary Contact Email]

By typing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Form. Sign and date below.

**Superintendent/ Designee or Entity Administrator Name:**[Enter LEA Superintendent/ Designee or Entity Administrator Name Consortium Member 2]

**Date Signed by Lead LEA Superintendent or Designee**:[Enter date signed by LEA Superintendent/ Designee or Entity Administrator Consortium Member 2 (mm/dd/yyyy)]

**Consortium Member 3 Name:** [Enter LEA/Entity Consortium Member 3 Name]

**If an LEA, include County-District-School Code:**
[Enter Consortium Member 3 CDS Code]

**LEA/Entity Mailing Address:**

[Enter Consortium Member 3 Address]

[Enter Consortium Member 3 City], CA [Enter Consortium Member 3 Zip Code]

[Enter Consortium Member 3 County]

**Primary Contact:**

 **Name:** [Enter Consortium Member 3 Primary Contact Name]

 **Title:** [Enter Consortium Member 3 Primary Contact Title]

 **Phone:** [Enter Consortium Member 3 Primary Contact Phone]

 **Email:** [Enter Consortium Member 3 Primary Contact Email]

By typing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Form. Sign and date below.

**Superintendent/ Designee or Entity Administrator Name:**[Enter LEA Superintendent/ Designee or Entity Administrator Name Consortium Member 3]

**Date Signed by Lead LEA Superintendent or Designee:**[Enter date signed by LEA Superintendent/ Designee or Entity Administrator Consortium Member 3 (mm/dd/yyyy)]

**Consortium Member 4 Name:** [Enter LEA/Entity Consortium Member 4 Name]

**If an LEA, include County-District-School Code:**
[Enter Consortium Member 4 CDS Code]

**LEA/Entity Mailing Address:**

[Enter Consortium Member 4 Address]

[Enter Consortium Member 4 City], CA [Enter Consortium Member 4 Zip Code]

[Enter Consortium Member 4 County]

**Primary Contact:**

 **Name:** [Enter Consortium Member 4 Primary Contact Name]

 **Title:** [Enter Consortium Member 4 Primary Contact Title]

 **Phone:** [Enter Consortium Member 4 Primary Contact Phone]

 **Email:** [Enter Consortium Member 4 Primary Contact Email]

By typing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Form. Sign and date below.

**Superintendent/ Designee or Entity Administrator Name:**[Enter LEA Superintendent/ Designee or Entity Administrator Name Consortium Member 4]

**Date Signed by Lead LEA Superintendent or Designee:**[Enter date signed by LEA Superintendent/ Designee or Entity Administrator Consortium Member 4 (mm/dd/yyyy)]

**Consortium Member 5 Name:** [Enter LEA/Entity Consortium Member 5 Name]

**If an LEA, include County-District-School Code:**
[Enter Consortium Member 5 CDS Code]

**LEA/Entity Mailing Address:**

[Enter Consortium Member 5 Address]

[Enter Consortium Member 5 City], CA [Enter Consortium Member 5 Zip Code]

[Enter Consortium Member 5 County]

**Primary Contact:**

 **Name:** [Enter Consortium Member 5 Primary Contact Name]

 **Title:** [Enter Consortium Member 5 Primary Contact Title]

 **Phone:** [Enter Consortium Member 5 Primary Contact Phone]

 **Email:** [Enter Consortium Member 5 Primary Contact Email]

By typing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this Form. Sign and date below.

**Superintendent/ Designee or Entity Administrator Name:**[Enter LEA Superintendent/ Designee or Entity Administrator Name Consortium Member 5]

**Date Signed by Lead LEA Superintendent or Designee:**[Enter date signed by LEA Superintendent/ Designee or Entity Administrator Consortium Member 5 (mm/dd/yyyy)]

More consortium members may be added, if necessary.