**Section I. Applicant Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Applicant Legal Name:** | | | | | | |
| **Applicant DBA Name, if applicable** |  | | | | **Region** |  |
| **Business Main Address** |  | | | | **Zip Code** |  |
| **County** |  | | | |  |  |
| **City/State:** |  | | | |  |  |
| **Type of Entity:**  Check all that apply | 0 Non-Profit  0 For-Profit  0 Governmental Entity  0 Local Mental / Behavioral Health Authority  0 Faith Based Organization (Non-profit organization) | | | | | |
| **Organization Contact Person** |  | **Phone Number** |  | **E-mail** |  | |
| **Back-Up Organization Contact Person** |  | **Phone Number** |  | **E-mail** |  | |
| **Authorized Representative:** |  | | | | | |
| **Authorized Representative**  **Signature** | | | | | | |
| **DUNS Number:** | | | | | | |
| **Federal Tax ID No:** | | | | | | |
| **National Provider Identifier No.** | | | | | | |
| **Texas Provider Identifier No.** | | | | | | |

**Note: Applicant shall provide supportive documentation verifying the DUNS Number, Federal Tax Identification Number., National Provider Identifier Number, and the Texas Provider Identifier Number.**

**Section II. Programs/Service Type(s)/Service(s) Applying**

|  |  |  |
| --- | --- | --- |
| **Please check the Region Respondent is applying to serve (one application per region)**  **Region applying to serve:**  1 2 3 4 5 6 7 8 9 10 11 | | |
| **Program:** | | |
| **Please check all Programs Types the Respondent is applying to serve**  **Program:**  PRC  CCP YPU  YPS YPI | | |
| **Service Type/Service:** | | |
| **Please check the Region Respondent is applying to serve for PRC:**  **Region applying to serve:**  1 2 3 4 5 6 7 8 9 10 11 | | |
| **If applying for CCP, please name the coalitions and service area** | | |
| **Coalition Name** | | **Service Area (counties)** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **If applying for YPU, please name the curriculum and service area** | | |
| **Curriculum (refer to Exhibit O)** | | **Service Area** |
| Family focused |  |  |
| Family focused |  |  |
| **If applying for YPS, please name the curriculum and service area** | | |
| **Curriculum (refer to Exhibit O)** | | **Service Area** |
| Family focused |  |  |
| Family focused |  |  |
| **If applying for YPI, please name the curriculum and service area** | | |
| **Curriculum (refer to Exhibit O)** | | **Service Area** |
| Family focused |  |  |
| Family focused |  |  |