Appendix A

SUMMARY PROPOSAL

Title V / Maternal and Child Health (MCH)
Non-Competitive Safe Sleep Mini-Grants

NORTH DAKOTA DEPARTMENT of HEALTH

North Dakota Maternal and Child Health Priority Area:

Reduce disparities in infant mortality specifically related to safe sleep

Brief description of Program/Project:

Lead Organization: _____

Collaborating Organization(s): _____

OMB Vendor Number (if available): _____

Legal Name of Lead Organization to whom payments will be made

_____

Mailing Address (corporate office or residence)

_____

Employer Identification Number (Taxpayer Identification # or Social Security #)

_____

Organization Type (Not for Profit, For Profit, Individual, Governmental, College/University, etc.)

_____

Contact for Proposal:

Name _____ Title _____

Telephone Number _____

E-mail Address _____

Mailing Address _____

City, State, Zip Code _____