



**ATTACHMENT C: Application Coversheet  
FY20 E3 Competitive Application**

Applicant fiduciary name:	E3 address ( <i>not</i> fiduciary):
Name of School for E3 Program:	
Contact Person (name, email, phone):	
Authorized agency signatory name and title:	
Authorized agency signature:	

Physical Location of E3 site: <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> Alternative High School  <input type="checkbox"/> Other:
Number of youth in target area: _____ Number of youth enrolled in proposed school: _____
Amount of Funds Requested:

**Assurances**

<input type="checkbox"/> Abortion services, counseling and referrals for abortion services will not be provided as part of the services offered.
<input type="checkbox"/> Services will comply with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the MDHHS and MDE.
<input type="checkbox"/> The E3 program, if on school property, shall not prescribe, dispense, or otherwise distribute family planning drugs and/or devices.

