

RFA #34349-56623 Antimicrobial Stewardship Intervention

Section 1: Demographics

1. Legal name of applicant:

2. Are you currently a vendor with the State: Yes _____ No _____

3. If not please click the link below to register for a Unique Entity ID:

<https://sam.gov/content/home>

4. Organization's Primary Mailing Address:

5. Primary Contact Person Name: _____

Title: _____

Email Address: _____

Phone Number: _____

6. If awarded a grant, who will be the authorized signor of the resulting contract?

Name:

Title:

Email Address:

Phone Number:

7. Tennessee Counties where services are provided:

Signature: _____

3. Briefly describe how this data will be collected and used.