2018 Request for Application

OVS/VOCA Elder Abuse Interventions and Enhanced Multi-Disciplinary Teams Initiative

E-MDT Hub Funding Application Packet for the Broome County Region

(Broome, Chenango, Delaware, Otsego, and Tioga Counties)

**Attachment A – Applicant Cover Page Form**

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OVS/VOCA Elder Abuse Interventions and Enhanced Multi-Disciplinary Teams Initiative

E-MDT Hub Funding Application

Applicant Cover Page Form **(Certification must be signed)**

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| **Identify the Hub Region you are applying for**: |  |
| **Name of Organization**: |  |
| **Contact person and title**: |  |
| **Email Address**: |  |
| **Mailing Address**: |  |
| **City/State/Zip**: |  |
| **Telephone Number**: |  |
| **Fax Number**: |  |
| **Identify the type of organization – local government or nonprofit**: |  |
| **Proof of 501 (c)(3), if applicable (please attach)** |  |

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**Certification**

I certify that I am authorized to submit this application for OVS/VOCA Elder Abuse Interventions and Enhanced Multidisciplinary Teams grant funding on behalf of <Organization>.

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| Signature: |
| Title: |
| Date:  |