

Appendix D - Application Submission Mechanism

Directions: This form will be used to track grant applications throughout the grant submission and review process. Applicants must complete and submit this form at the time of application submission. Applicants must fax OR email this form to the Office of Adolescent Health.

FAX: 240-453-2801

EMAIL: oah.gov@hhs.gov

<p>Applicant Organization (name and address):</p> <p>Contact Person responsible for application submission: Telephone: Email Address:</p>
<p>This application is in response to which funding opportunity? <input type="checkbox"/> Teen Pregnancy Prevention: Replication of Evidence-based Programs</p> <p>This application is requesting funds in which funding range? <input type="checkbox"/> Range A: \$400,000 to \$600,000 <input type="checkbox"/> Range B: \$600,000 to \$1,000,000 <input type="checkbox"/> Range C: \$1,000,000 to \$1,500,000 <input type="checkbox"/> Range D: \$1,500,000 to \$4,000,000</p>
<p>How are you submitting your grant application? <input type="checkbox"/> Grants.gov (Internet-based system) <input type="checkbox"/> GrantSolutions.gov (Internet-based system) <input type="checkbox"/> Mailed-in paper application</p>

<p>IMPORTANT NOTE: Agencies that choose to submit applications through either the Grants.gov or GrantSolutions.gov internet-based systems MUST provide the application number that was automatically generated during the submission process in the space provided below. (Hand-delivered and mailed-in applications will not be assigned numbers.)</p> <p>ELECTRONIC APPLICATION NUMBER:</p>
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If you have questions concerning this form, please call 240-453-2806