



THE RAPIDES FOUNDATION

**Healthcare Access Initiative
Cenla Mental Health Workforce Accelerator Program
Proposal Signature Page**

Agreement for Participation in the Cenla Mental Health Workforce Accelerator Program

The signer affirms authority to submit this intention for funding; the information contained in the Application is true and correct; the proposed project will be adopted by the applicant as a part of the plan of work or aligns with the existing work of the applicant organization; and all payroll taxes are paid and current as allowed by law.

The Application must be submitted online by 4:00 p.m. CT, Friday, March 28, 2025.

Required Signatures:

Executive Director or Authorized Representative:

Printed Name _____

Signature _____ Date _____

Officer of the Board:

Printed Name _____

Signature _____ Date _____

Contacts:

<p>For questions about this grant opportunity please contact: Angela Williams, Program Officer angela@rapidesfoundation.org Main line: 318.443.3394 Direct line: 318.767.3007</p>	<p>For questions related to online submission please contact: Courtney Keys, Programs Assistant courtney@rapidesfoundation.org Main line: 318.443.3394 Direct line: 318.767.3013</p>
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