



THE RAPIDES FOUNDATION

Healthcare Access Initiative

Cenla Mental Health Workforce Program

Proposal Signature Page

Agreement for Participation in the Cenla Mental Health Workforce 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:

For questions about this grant opportunity please contact:

Angela Williams, Program Officer

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For questions related to online submission please contact:

Courtney Keys, Programs Assistant

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