

Attachment I

**WICOMICO COUNTY TOBACCO ENFORCEMENT INITIATIVE PROGRAM
TOBACCO PREVENTION AND CONTROL – FY 2027
COVER SHEET**

(Complete this page and submit with proposal.)

Name of Organization: _____

Name of Project Director: _____

Mailing Address: _____

Physical Address: _____

Phone (daytime): _____ **Fax Number:** _____

E-mail Address: _____

Federal Tax ID Number: _____

I hereby declare that the information submitted in this proposal is accurate and correct to the best of my knowledge. If my proposal is awarded funding, I will be responsible for completing the required activities and reports.

Applicant Signature

Date

Submit one original packet (cover sheet and proposal) and three copies of the complete packet to:

**Hope Balam, Procurement Officer III
Wicomico County Health Department
108 East Main Street
Salisbury, MD 21801**