

# Applicant Information Form



The  
Commonwealth  
Fund

*Affordable, quality health care. For everyone.*

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## APPLICANT ORGANIZATION

Organization IRS Name AKA  
Employer Identification Number (EIN) Tax Status    501(c)3    Other

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## HEAD OF ORGANIZATION (PRESIDENT, EXECUTIVE DIRECTOR, CHAIRMAN, etc.)

Name Degrees(s) (If applicable)  
Official Title  
Mailing Address  
City State ZIP  
Telephone Email

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## PROJECT DIRECTOR

Name Degrees(s) (If applicable)  
Official Title  
Department  
Mailing Address  
City State ZIP  
Telephone Email

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## CO-PROJECT DIRECTOR (IF APPLICABLE)

Name Degrees(s) (If applicable)  
Official Title  
Department  
Mailing Address  
City State ZIP  
Telephone Email

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## INSITUTIONAL FINANCIAL OFFICER

Name Degrees(s) (If applicable)  
Official Title  
Mailing Address  
City State ZIP  
Telephone Email

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## CONTRACTS MANAGER

Name Degrees(s) (If applicable)  
Official Title  
Mailing Address  
City State ZIP  
Telephone Email

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COMPLETED BY

DATE