

**RFA #34349-17424 Long Term Care Facilities Application for Infection Prevention**

**Resources and Support**

**Section 1: Demographics**

1. Legal name of applicant:

\_\_\_\_\_

2. Are you currently a vendor with the State: Yes \_\_\_\_\_ No \_\_\_\_\_

3. If not please click the link below to register for a Unique Entity ID:

<https://sam.gov/content/home>

4. Organization's Primary Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

5. Primary Contact Person Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

6. Are you located in a high SVI county: Yes \_\_\_\_\_ No \_\_\_\_\_?

7. Tennessee Counties where services are provided:

\_\_\_\_\_

Signature: \_\_\_\_\_



3. What infection prevention resources or support is needed at your facility?

4. Provide budget estimates for proposed purchases for infection prevention resources and support.