**Request for Proposals Cover Sheet**

Lead Applicant (Lead Organization Name):

1. **Contact Information**

Organization Name:

Address:

City: State: Zip Code:

Principal Contact Person: Title:

Phone: Fax: Email:

Fiscal Contact Person: Title:

Phone: Fax: Email:

Executive Director:

Phone: Fax: Email:

1. **Legal Information**

Type of organization: For-profit ☐ Non-Profit ☐

Federal Employer Identification Number (FEIN):

Organization Name: Contact Person:

Phone: Fax: Email:

Please provide your current [DUNS Number](https://www.dnb.com/duns-number/get-a-duns.html):

Please provide your current [CAGE Code](https://cage.dla.mil/):

1. **Requirements / Documents** *(proposals submitted without these documents will be considered incomplete, please see associated links for more information and instructions as to how to acquire them) [[1]](#footnote-1)*

* Registration in the [System for Award Management](https://www.sam.gov/SAM/) (SAM)
* Completed Pre-award Assessment ([complete online](https://www.surveymonkey.com/r/ZKN2B6W))
* Most recent financial audit
* Certificate of Liability Insurance
* Certificate of Worker’s Compensations Insurance
* W9

1. **Budget Information**

**Budget Summary:**

|  |  |
| --- | --- |
|  | **Total** |
| **Total Amount Requested** |  |
| **Number of Participants to be served** |  |
| **Cost per participant served (if applicable)[[2]](#footnote-2)** |  |

**Leveraged Funds:**

* + Please list all other sources of funding that will support your proposed program, if applicable.

|  |  |
| --- | --- |
| **Funding Source** | **Amount** |
|  | $0.00 |
|  |  |
|  |  |
|  | ***Total*** |

1. **Certifications/Authorization**

I certify that the above-named organization is legally authorized to submit this application, that the contents of the application are truthful and accurate, and that the above-named organization agrees to comply with all requirements of the RFP. Our organization understands this program operates on a reimbursement model, and we are prepared to front costs related to said program until requirements for reimbursement are met and funds are available for reimbursement.

Printed Name of Authorized Representative Title of Authorized Representative

Signature of Authorized Representative Date

1. Please note that a single copy of all requirements above must be submitted for EACH Partner, in addition to the lead applicant (if applicable) [↑](#footnote-ref-1)
2. Divide proposed number of participants to be served by proposed program costs [↑](#footnote-ref-2)