## Request for Proposals Cover Sheet – Consortium Grant Management Services

**Lead Applicant:** Click or tap here to enter text.

1. **Contact Information**

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Principal Contact Person: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

Fiscal Contact Person: Click or tap here to enter text. Title: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

Executive Director: Click or tap here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click or tap here to enter text.

1. **Legal Information**

Type of organization: For-profit: [ ]  Non-Profit: [ ]  Government or School District: [ ]

Federal Employer Identification Number (FEIN): Click or tap here to enter text.

Please provide your current [DUNS Number](https://www.dnb.com/duns-number/get-a-duns.html): Click or tap here to enter text.

Please provide your current [CAGE Code](https://cage.dla.mil/): Click or tap here to enter text.

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) Please note that a single copy of all requirements below must be submitted for EACH Partner, in addition to the lead applicant (if applicable)*
* 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 Compensation Insurance
* W9
1. **Budget Information**

**Budget Summary:**

|  |  |
| --- | --- |
| **Total Amount Requested** |  |

**Leveraged Funds:**

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

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

[ ] Our organization understands that these services will be paid by federal funds, and the corresponding organization needs to comply with all relevant regulations.

 Initial: \_\_\_\_\_