

Cover Sheet

Organizational/Program Contact Information:

Name of Organization:		
Street Address:		
Town:	State:	ZIP:
Phone:	Fax:	
Programmatic Contact Person:		
Phone:	E-mail:	
Chief Executive Officer:		
Organization type: <input type="checkbox"/> Community Based Organization <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Faith-Based Organization <input type="checkbox"/> Educational Institution <input type="checkbox"/> Private For-Profit Minority Owned Business <input type="checkbox"/> Labor <input type="checkbox"/> Other (indicate):		
Accessible to Persons with Disabilities: <input type="checkbox"/> YES <input type="checkbox"/> NO		
List Cities and Towns to be served:		
If you are proposing subcontracting parts of this RFP please name the organizations you are partnering with:		
Number of youth proposed to be served: In School: _____ Out-of-School: _____ Total: _____		

APPLICANT CERTIFIES THAT:

To the best of my knowledge and belief, data in this application are true and correct, this document has been duly authorized by the governing body of the applicant, and the applicant will comply with all applicable rules and regulations as stated in Terms and Conditions if this proposal is approved for contract.

Certifying Representative:

 Typed Name Title

 Signature Date