

FORM 1: PROPOSAL COVER SHEET

Agency Name	Contract Period July 1, 2024 – June 30, 2025										
Agency Address	FEIN: Agency Fiscal Year <input type="checkbox"/> Calendar <input type="checkbox"/> Other (If Other) _____ to										
Agency Type (Check all that Apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Tribe</td> </tr> <tr> <td><input type="checkbox"/> Private, For Profit</td> <td><input type="checkbox"/> Consortium – Specify Lead Agency and type)</td> </tr> <tr> <td><input type="checkbox"/> Private, Not for Profit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> Other (Specify)</td> </tr> </table>		<input type="checkbox"/> Government	<input type="checkbox"/> Tribe	<input type="checkbox"/> Private, For Profit	<input type="checkbox"/> Consortium – Specify Lead Agency and type)	<input type="checkbox"/> Private, Not for Profit		<input type="checkbox"/> Corporation		<input type="checkbox"/> County	<input type="checkbox"/> Other (Specify)
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<input type="checkbox"/> Private, Not for Profit											
<input type="checkbox"/> Corporation											
<input type="checkbox"/> County	<input type="checkbox"/> Other (Specify)										

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FORM 1 – CONTINUED - PROPOSER AGENCY PERSONNEL

Executive Director's Name	Title	Telephone Number
Mailing Address		Fax Number
		Email Address
Person Responsible for Day-to-Day Operations	Title	Telephone Number
Mailing Address		Fax Number
		Email Address
Chief Financial Officer	Title	Telephone Number
Mailing Address		Fax Number
		Email Address
Person Responsible for Equal Rights/Civil Rights Compliance, Limited English Proficiency	Title	Telephone Number
Mailing Address		Fax Number
		Email Address
RFP Direct Contact	Title	Telephone Number
Mailing Address		Fax Number
		Email Address