

**COVER SHEET AND CHECKLIST (PAGE 1 OF 2)**

Agency or Individual's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

State Employer Tax #: \_\_\_\_\_

IRS Status: \_\_\_\_\_

Agency Unique Entity Identifier (UEI) / DUNS #: \_\_\_\_\_

Person authorized to execute contract (Name, Title, Phone Number, and Email)

Program Contact Name, Phone Number, and Email Address:

Fiscal Contact Name, Phone Number, and Email Address:

**Organization Type:**

- ☐ Corporation or Partnership
- ☐ Private Non-Profit
- ☐ Public Non-Profit
- ☐ Sole Proprietorship

**Certification**

*To the best of my knowledge and belief, all information in this proposal is true and correct. The document has been duly authorized by the Governing body of the Proposer and the Proposer will comply with all of the requirements of the NOFA if an agreement is awarded.*

\_\_\_\_\_  
Typed Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## COVER SHEET AND CHECKLIST (PAGE 2 OF 2)

All items must be included in response to the Request for Proposals in order to meet minimum qualifications unless otherwise noted. Please organize proposal materials in the order listed below.

- A. Proposal Form 1: Cover Sheet and Checklist (these 2 pages) ☐
- B. Proposal Form 2: Application ☐
- C. Proposal Form 3: Required Budget Template ☐
- D. Proposal Form 4: Past Performance Questionnaires (3) ☐
- E. Proposal Form 5: Attestation Regarding County Contract ☐
- F. Proposal Form 6: Acceptance of County Insurance Requirements ☐
- G. Proposal Form 7: Declaration of Local Business for Services (If applicable) ☐
- H. Other Attachments
  - a. Organizational Chart ☐
  - b. Additional Supporting Documentation (Optional) ☐
- I. Signed Addendum(s) ☐