

ATTACHMENT A: Cover Page and Certification

Organization:			
Address:			
City:		Zip:	
Primary Contact:			
Contact Phone:		E-Mail	
Program Proposed:	Check only one: <input type="checkbox"/> Day Center <input type="checkbox"/> Safe Parking <i>Separate application must be submitted for each program proposed.</i>		
Funding Request:	\$		
Approx. Number of Clients to be Served:	<input type="text"/> Per (check one) <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month or <input type="checkbox"/> Year		
Proposed Days/Hours of Service:			

CERTIFICATION:

By signing below, I certify that to the best of my knowledge that the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency/organization to a contractual agreement. I understand that final funding by the City for any services of the type described in this RFP is based upon actual funding levels and approval of any contract by the City Council of the City.

I understand that the costs incurred in preparing and submitting this proposals for consideration by the City shall not be reimbursed.

 Signature: Date:

 Name: Title:

FOR CITY USE ONLY

Date Received: **Time Received:**

Staff Signature Acknowledging Receipt of Application: