|  |  |
| --- | --- |
|  | **RFP** **Appendix B: Fiscal** Department of Social ServicesRFP #2024-013VF |

**Financial Information**

|  |
| --- |
| Payee Name of Agency (if different than Legal Name)  |
|       |
| Financial Contact Person Name/Title |
|       |
| Street Address/City/State/Zip |
|       |
| Agency's Fiscal Year (Start date - End date) |
|       |
| Amount of Funding Request to ECDSS for this proposed contract |
|       |
| FY of Request (Start date - End date) |
|       |

**UNIT COST**

|  |  |
| --- | --- |
| Unit of Service for this proposal (eg: hour): |       |
| Number of units to be served |       |
| Cost per unit of service for this proposal:  |       |

**Supplementary Application Information (Appendix c)**

 Provide a separate envelope or folder which includes one copy of the most current information as noted below. These materials cannot be returned.

 X Most recent Audit report prepared by an independent CPA

 X Listing of Officers and Board of Directors

 X Most recent Management Letter

**V. Certification**

 The undersigned certifies that he or she is a principal officer of the applicant agency and has knowledge of, and certifies that the information contained herein is complete and accurate.

 Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name/Title**

|  |  |
| --- | --- |
|  | **RFP Appendix B: Fiscal** Department of Social ServicesPROJECT BUDGETRFP #2024-013VF |











