



RFP APPENDIX B: Fiscal
Department of Social Services
RFP# 2026-010VF

FINANCIAL INFORMATION

Payee Name of Agency (if different than Legal Name)	
Financial Contact Person Name/Title	
Street Address/City/State/Zip	
Financial Contact Person Phone Number	Financial Contact Person Email
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 as defined in the RFP (e.g.: hour):	
Number of units to be served	
Cost per unit of service for this proposal (county funding + in-kind)/# units:	

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

THIS FORM MUST BE SIGNED AND SUBMITTED WITH THE YOUTH BUDGET FORM