|  |  |
| --- | --- |
|  | RFP APPENDIX A: Youth Team Sports Department of Social Services  RFP#2023-056VF |

***All fields must be completed. If not applicable, list “N/A”.***  ***Incomplete proposals may be considered non-responsive.***

AGENCY INFORMATION

*(If submitting electronically, this information will be completed upon upload)*

|  |  |  |
| --- | --- | --- |
| **Official Agency Name** | | |
|  | | |
| **Agency Name –**List another name if used. | | |
|  | | |
| **Agency Telephone Number** | | |
|  | | |
| **Agency Mailing Address** | | |
|  | | |
| **City** | **State** | **Zip** |
|  |  |  |
| **Website address** (if applicable) | | |
|  | | |
| **Leadership -** List the name of your agency’s Chief Executive Officer, Executive Director, or President. | | |
|  | | |
| **Leader’s E­mail Address** | | |
|  | | |
| **Contact Person for proposal** | | |
|  | | |
| **Contact Person’s Telephone Number** | | |
|  | | |
| **Contact Person’s E­mail Address** | | |
|  | | |
| **501(c)(3) not-for-profit entity** | | |
| Yes | No | |
| **Certified Minority Business Enterprise/ Women’s Business Enterprise (MBE/WBE)** | | |
| Yes | No | |
| **Subcontractors -** List all subcontractors that your agency does business with related to this service. | | |
|  | | |
| **Amount of Funding Request to ECDSS for this proposed contract** | | |
| $ | | |
| **Unit of Service for this proposal (e.g.: hour):** | | |
|  | | |
| **Number of units to be served** | | |
|  | | |
| **Cost per unit of service for this proposal (county funding + in-kind)/# units:** | | |
|  | | |