



9.1 FORM #1: Proposal Cover Statement

This form must accompany the proposal package when submitted. Only one copy with original signatures is required. Mark "N/A" if any of the fields are not applicable

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|---|---|
| PROPOSAL COVER STATEMENT – RFP | |
| BIDDER ORGANIZATION NAME | |
| ADDRESS | Bidder Phone |
| | Bidder Fax |
| | Web Address |
| CONTACT PERSON | Contact Phone |
| | Contact E-mail |
| | Contact Fax |
| ADDRESS OF PROGRAM (if different than above) | |
| PROGRAM TITLE | |
| COLLABORATIVE PARTNERS/SUBCONTRACTORS (If applicable) | |
| AMOUNT OF FUNDING REQUEST | |
| TOTAL AMOUNT REQUESTED \$ _____ | |
| FEDERAL EMPLOYER NUMBER | 501(C)(3) EXEMPTION _____ |
| UNIQUE ENTITY IDENTIFICATION NUMBER | AGENCY PRIOR YEAR NET OPERATING BUDGET \$ _____ |
| AUTHORIZATION | |
| We submit the attached response to the Notice of Request for Proposal No. _____ dated _____ 2024 and all attachments and declare that: If this Response is accepted by the Board of Supervisors of Contra Costa County, I will enter into a standard contract with Contra Costa County to provide all work specified herein at the costs, which I have proposed, or in accordance with modifications required by Contra Costa County. Funds obtained through this contract will not be used to supplant or augment funding for other programs operated by the bidder/contractor unless stipulated within the proposal and accepted by the County. | |
| AUTHORIZED REPRESENTATIVES: (two signatures required) | |
| Name: _____ | Title: _____ |
| Signature: _____ | Date: _____ |
| Name: _____ | Title: _____ |
| Signature: _____ | Date: _____ |