



**Contra Costa County  
Children and Family Services**

**Differential Response Path II & After Care Services  
REQUEST FOR PROPOSALS (RFP) 1223**

**FORM #1: Proposal Cover Statement**

This form must accompany the proposal package when submitted. Only one copy with original signatures is required.

<b>PROPOSAL COVER STATEMENT – RFP</b>	
<b>BIDDER ORGANIZATION NAME</b>	
<b>ADDRESS</b>	<b>Bidder Phone</b>
	<b>Bidder Fax</b>
	<b>Web Address</b>
<b>CONTACT PERSON</b>	<b>Contact Phone</b>
	<b>Contact E-mail</b>
	<b>Contact Fax</b>
<b>ADDRESS OF PROGRAM (if different than above)</b>	
<b>PROGRAM TITLE</b>	
<b>COLLABORATIVE PARTNERS/SUBCONTRACTORS</b> (If applicable)	
<b>AMOUNT OF FUNDING REQUEST</b>	
TOTAL AMOUNT REQUESTED \$ _____	
<b>FEDERAL EMPLOYER NUMBER</b>	<b>501(C)(3) EXEMPTION</b>
_____	_____
<b>AGENCY PRIOR YEAR NET OPERATING BUDGET</b> \$ _____	
<b>AUTHORIZATION</b> <i>We submit the attached response to the Notice of Request for Proposal No. _____ dated _____ 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.</i>	
<b>AUTHORIZED REPRESENTATIVES: (two signatures required)</b>	
Name: _____	Title: _____
Signature: _____	Date: _____
Name: _____	Title: _____
Signature: _____	Date: _____