

ATTACHMENT E - PROPOSAL COVER PAGE

Proposing Organization:
Name of Proposed Program:
Address:
Contact Person/Title:
Contact Telephone Number:
Fax Number:
Email:
Fiscal Contact (name, title, phone number and email):
Tax ID#:
DUNS #:
Organization Type: <input type="checkbox"/> For Profit <input type="checkbox"/> Educational Institution <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Government Entity
Target Group: <input type="checkbox"/> In School Youth <input type="checkbox"/> Out of School Youth <input type="checkbox"/> Both
Number of Participant Proposed to Serve:
Total Cost Per Person:
Has the organization ever had to repay funds to a government unit due to a questioned or disallowed cost? If yes, please explain.
If funded, what percentage of the organizations total budget would the contract funds represent?
Date of the last independent audit and fiscal year ending:
Was the audit subject to the Uniform Guidance (formerly A-133 Single Audit)?
Is Audit Report including Federal Audit attached?
Name and address of audit firm
Number of Years in Operation:

Signature of Contact Person: _____ Date: _____