

Appendix 1: RFP Application Cover Sheet

For ADMHS Staff use:

Date/time Received: _____

Proposal # _____

ADMHS Staff Member _____

Project Title: _____

	Proposed FY 06-07 12-Month Operating Cost	Proposed FY 06-07 12-Month Indirect Cost	Proposed Start-Up/One- Time Costs	TOTAL Request for funding from ADMHS
Personnel Services /Supplies Totals	\$ _____	\$ _____	\$ _____	\$ _____

Article I. Agency Information:

Agency: _____

Executive Director: _____

Project Director/Lead Staff: _____

Administrative Office Address: _____

Phone: _____ Fax: _____

Email: _____ Web site: _____

Total Agency Budget (Proposed FY 05-06): \$ _____

Attachment Checklist (please attach in order)

1. Agency Organizational Chart
2. Insurance
3. Program Reference List
4. Program & Financial Data Reference List
5. Agency Budget FY 05-06
6. Current Board Members List
7. Annual Financial Statement (most recent)
8. Tax Return (most recently filed)

Signature of Executive Director/CEO

Date

Signature of Board Chair/President

Date