

## ATTACHMENT 6: APPLICATION COVER SHEET

<b>Applicant Agency legal name must match agency name listed on the Florida Department of State Division of Corporation website: <a href="http://www.sunbiz.org">www.sunbiz.org</a></b>	
1. Applicant Legal Name: _____ Proposed Program Name: _____	
2. Applicant Headquarters Address: _____	
3. City & State: _____	4. Zip Code: _____
5. Telephone Number: _____	6. FAX Number: _____
7. Chief Executive Officer/Executive Director Name: _____	
8. CEO/Executive Director Telephone Number: _____	9. CEO/Executive Director email: _____
10. Website: _____	
11. Agency Type: Not for Profit <input type="checkbox"/> (Incorporation date: _____) For Profit <input type="checkbox"/> (Incorporation date: _____) Government: <input type="checkbox"/> Other: <input type="checkbox"/> _____	
12. IRS Determination: 501c3 <input type="checkbox"/> Other(Please Specify): _____	
13. Registered Florida Charitable Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Current Annual Applicant Agency Revenues and Expenditures: _____	
<b>Use the map in the resource section of the RFP to identify the Hillsborough County BOCC District where the applicant organization is located:</b>	
15. Commission District: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (Districts 5,6,&7 are at large seats)	
16. Is the applicant organization located within the city limits of:	
<input type="checkbox"/> City of Tampa	
<input type="checkbox"/> City of Temple Terrace	
<input type="checkbox"/> City of Plant City	
17. Applicant Agency Contact Person: _____	18. Applicant Agency Contact Person Telephone: _____
19. Agency Contact email: _____	20. Agency Contact FAX: _____
21. Proposed Service Area: <input type="checkbox"/> County-Wide <input type="checkbox"/> Neighborhood-Based	

22. If neighborhood-based, please provide a geographic description:

23. RFP Result Area(s):  
(check all that apply)

Healthy Children/Developmentally on Track  
 Indicator 1: % children with up to date immunizations  
 Indicator 2: % children developmentally on track

School Readiness/Early School Success  
 Indicator 1: % children attending high quality child care  
 Indicator 2: % children ready to learn in kindergarten  
 Indicator 3: % children regularly attending school  
 Indicator 4: % children promoted in grades K-3

Family Strengthening  
 Indicator 1: % decrease in child maltreatment  
 Indicator 2: % parents with healthy/expanding supports

24. Service Delivery Strategy (please list all strategies proposed from list in Section V)

25. Number of participants to be served:

26. Amount Requested for Year 1 (October 1, 2012 to September 30, 2013):

27. I do hereby certify to the above statements and that all facts, figures, and representations made in this application and supporting documents are true and correct. Furthermore, I certify that I have been duly authorized to act as the authorized representative of the applicant agency in connection with filing this application, and have obtained any necessary authorization from the applicant's governing body for the submission of this application. I acknowledge that this application and all additional documents submitted to the Children's Board become public records and are available for inspection and copying by any person. My signature certifies that my agency uses equal opportunity practices as described in the minimum requirements of this RFP (#9). I also agree to the reasonable refinement of this proposal and to negotiate a contract according to the terms and conditions and processes described in the RFP if this application is recommended for funding.

Authorized Official's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_