

Children’s Board of Hillsborough County
 PRO 2018 – 10 Request for Proposals (LEVEL 2) Uniting Grant
 Attachment #1 – PROPOSAL COVER SHEET (Addendum #1)

<p>“Proposer Organization Legal Name” must match agency name listed on the Florida Department of State Division of Corporation website: http://sunbiz.org/.</p>		
<p>1. Proposer Organization Legal Name:</p>		
<p>2. Organization Address:</p>		
<p>3. City:</p>	<p>4. State:</p>	<p>5. Zip Code:</p>
<p>6. Organization Phone Number:</p>		<p>7. Organization Website:</p>
<p>8. Organization Type: _____ Not for Profit (Incorporation date: ____/____/____) _____ Government _____ Other (Please specify):</p>		
<p>9. IRS Determination: _____ 501c3 _____ Other (Please specify):</p>		
<p>10. Registered Florida Charitable Organization: _____ Yes _____ No</p>		
<p>11. Current Children’s Board Funded Provider: _____ Yes _____ No</p>		

Program Information:

<p>12. Proposed Program Name:</p>
<p>13. Proposed Service Area: _____ County-Wide _____ Geographic Region(s) If geographic region(s), please specify:</p>
<p>14. Proposed Program Focus Area(s) (check all that apply): _____ Children are Healthy & Safe (Children Birth to Age Five) _____ Children are Healthy & Safe (Children of Elementary School Ages) _____ Children are Healthy and Safe (Children of Middle School Ages)</p>
<p>15. Proposed Program Summary: <u>50 words or less to articulate program services to the general public.</u></p>
<p>16. A) Amount of Request from CBHC for Year 1 = \$</p> <p>B) Number of unduplicated participants to be served in Year 1:</p> <p>Adults _____ Children _____ Total: _____</p> <p>C) Calculate and indicate the Unit Cost per Program Participant for Year 1 = \$ (Amount of Request from CBHC ÷ Total Number of Adults and/or Children to be Served)</p>

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<p>17. A) Amount of Request from CBHC for Year 2 = \$</p> <p>B) Number of unduplicated participants to be served in Year 2:</p> <p>Adults ____ Children ____ Total: ____</p> <p>C) Calculate the Unit Cost per Program Participant for Year 2 = \$ (Amount of Request from CBHC ÷ Total Number of Children and/or Adults to be Served)</p>
<p>18. Proposer Organization Total Budget: \$</p>
<p>19. How did you hear about this Request for Proposals?</p>

Contact Information:

<p>20. CEO/ Executive Director Name:</p>	
<p>21. CEO/ Executive Director Phone Number:</p>	<p>22. CEO/ Executive Director Email:</p>
<p>Is the CEO/ Executive Director the main contact for the proposed program? _____ Yes _____ No If no, please complete the following information about the Proposer Organization’s Contact Person:</p>	
<p>23. Organization Contact Person Name:</p>	
<p>24. Organization Contact Person Phone Number:</p>	<p>25. Organization Contact Person Email:</p>

Hillsborough County BOCC District:

<p>Refer to the Hillsborough County Website: http://www.hillsboroughcounty.org/en/government/board-of-county-commissioners and click on Find My Elected Official to determine in which Board of County Commission district the Proposer Organization resides.</p>
<p>26. Commission District:</p> <p>_____ 1 _____ 2 _____ 3 _____ 4 (District 5, 6, &7 are at large seats)</p>
<p>27. If Proposer Organization is located within the city limit, please indicate:</p> <p>_____ City of Tampa _____ City of Temple Terrace _____ City of Plant City _____ Not Applicable</p>

<p>28. Briefly indicate the organization’s ability to comply with the CBHC General Terms and Conditions (Appendix #5):</p>

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I do hereby certify to the above statements and that all facts, figures, and representations made in this proposal and supporting documents are true and correct. Furthermore, I certify that I have been duly authorized to act as the authorized representative of the Proposer Organization in connection with filling out this proposal, and have obtained any necessary authorization from the proposer's governing body for the submission of this proposal. I acknowledge that this proposal and all additional documents submitted become the property of the Children's Board and will become public record subject to the provisions of Chapter 119, Florida Statutes.

Signature of Authorized Official

Signature of Proposer Organization's Board Chair

(Printed Name)

(Printed Name)

(Title)

____/____/_____
(Date)

____/____/_____
(Date)