**APPENDIX E**

**COVER PAGE**

**REQUEST FOR PROPOSALS - RFP # DOC-RES-WWR-2023-SM**

**Department of Correction**

*Due no later than December 18, 2023*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposer’s Legal Name | FEIN | | | |
|  |  | | | |
| Address: | Proposer’s Fiscal Year *(x month to x month)* | | | |
|  |  | to |  | |
| City/Town | State | | | Zip Code |
|  |  | | |  |
| Contact Name | Title | | | |
|  |  | | | |
| Telephone Number | E-Main Address | | | |
|  |  | | | |

|  |  |  |
| --- | --- | --- |
| FY24 Total Program Cost *(not including startup costs)* | FY24 Requested Startup Costs *(eligible for FY24 only)* | FY24 Total Annual Cost to CTDOC  *(DOC Costs Only: Does not include other income from other sources)* |
|  |  |  |
| FY25 Total Annual Costs to DOC  *(DOC Costs only: Does not include other income for other sources)* | FY26 Total Annual Costs to DOC  *(DOC Costs only: Does not include other income for other sources)* | FY27 Total Annual Costs to DOC  *(DOC Costs only: Does not include other income for other sources)* |
|  |  |  |

**Proposed Program Type:**

***Residential --***  ☐ Womens Work Release with Mental Health Supports/Resources

|  |  |  |
| --- | --- | --- |
| Proposed Program Name: | Proposed Program Address: | |
|  |  | |
| Proposed Number of Beds | Total Program # of Beds | # of DOC Beds |
|  |  |  |

**Is your organization a non-profit?** Yes  No

**Is your organization incorporated?** Yes  No

**Is your organization registered as a:** Minority Business Enterprise? Yes  No

Women Business Enterprise? Yes  No

Small Business Enterprise? Yes  No

I certify that to the best of my knowledge and belief, the information contained in this proposal is true and correct. The proposal has been duly authorized by the governing body of the proposer, the proposer has the legal authority to apply for this funding, the proposer will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the proposer.

|  |  |
| --- | --- |
|  |  |
| **Signature of Authorizing Official** | **Date** |

|  |
| --- |
|  |
| **Typed Name and Title** |