**APPENDIX #3**

## PROPOSAL COVER SHEET

**Quality Parenting Centers**

**Request for Proposals**

|  |  |  |
| --- | --- | --- |
| **□ Bridgeport AO** | | **□ Norwalk AO □ Torrington AO** |
| **Name of Agency:** |  | | |
| **Agency Address** |  | | |
| **Proposed \*PROGRAM\* Address**  **Application Contact Person:** |  | | |
| **Contact Person Phone & Fax:** |  | | |
| **Contact Person Email Address:** |  | | |

*This application must be signed by the applicant's executive director or other individual with executive oversight for agency services delivered in Connecticut*

By submitting this application, I attest that all the information included within the application is true.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  |  |  |  |
| Name (Printed): |  | Title: |  |

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