**APPENDIX #3**

**PROPOSAL COVER SHEET**

**Urgent Crisis Center and Sub-Acute Crisis Stabilization Programs** **Request for Proposals**

|  |  |
| --- | --- |
| **Name of Agency:** |  |
| **Agency Address:** |  |
| **Option Proposed:** |  |
| **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: |  |