**REQUEST FOR PROPOSAL**

**RFP # DOC-MOUD-2020-CC**

**Department of Correction**

**January 2020**

**Proposal Cover Sheet**

**Applicant Agency FEIN**

**Address**

**City/Town State Zip Code**

**Agency Contact:** **Title:**

**Telephone Number** **Fax Number** **E-Mail Address**

**Program Site** (*check one)***:**  Carl Robinson  Walker Reception Center  Willard-Cybulski

**Total Annual Program Cost** **Total Annual Cost to CTDOC**

*(not including startup) (not including startup)*

**Requested Startup Costs**

**Applicant Agency Fiscal Year:** to

(month) (month)

**Is your agency a non-profit?** Yes  No  **Is your agency incorporated?** Yes  No

**Is your agency 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 application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

**Signature of Authorizing Official Date**

**Typed Name and Title**