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| **Connecticut Homeless Services Array Review and Redesign** **Request For Proposal – Cover Sheet****September 15, 2021** |
| Email Proposal to:steve.dilella@ct.gov with the subject line*Homeless Services Array Review and Redesign\_ [organizations name]* **DUE DATE: Wednesday November 3, 2021 - NOT LATER THAN 3:00 P.M.** |  |
| **Proposer’s Legal Name:**Program Title, if any:      **Program Site Address:****Street:**      **City**      **, State**      **Zip**      Tel      EXT:        | **Proposer’s Mailing Address:** **Street:**     **City**      **, State**      **Zip**       |
| **Person Authorized To Sign Contract:** **Name:**      **Title:**       Tel:       EXT:      **E-mail:**       | **Person Responsible for Project:** **Name:**      **Title:**       Tel:       EXT:      **E-mail:**       |
| **Funding Request: $** |  |
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| **Signature of Authorized Person to Sign:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Time/Date Stamp (DOH use only)** |
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