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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](mailto: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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