**Attachment 1**

**Seattle Human Services**

**2020 Shelter Surge RFQ**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Application Program Area(s): | | | | | Hotel Shelter  Enhanced Shelter  Tiny House Village | | | | | | | | | | |
| 1. Applicant Agency: | | | | |  | | | | | | | | | | |
| 1. Agency Executive Director: | | | | |  | | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | Phone: | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | |
|  | Non-Profit | | For Profit | | | Public Agency | | | | | Other (Specify): | | | | |
| 1. Federal Tax ID or EIN: | | | |  | | | | | 1. DUNS #: | | | |  | | |
| 1. WA Business License #: | | | |  | | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | |  | | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | |
|  | Email: | |  | | | | | | Phone: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | | |
| **Authorized physical signature of applicant/lead agency** | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | |  | | | | | | | |
| Signature of Authorized Representative: | | | | | | |  | | | | | | | Date: |  |
|  | | | | | | | |  | | | | | |  |  |