****

**City of Seattle**

**Human Services Department**

**2018 Community Living Connections RFQ**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Number: | | |  | | |
| 1. WA Business License Number: | | | | | |  | | | | | | | | |
| 1. Proposed Program Name: | | | | | |  | | | | | | | | |
| 1. Service: | | | | | | | | |  | | | | | |
| Focus Population: | | | | | | | | |  | | | | | |
| # of participants to be served (unduplicated): | | | | | | | | |  | | | | | |
| Region of King County: | | | | | | | | |  | | | | | |
| Priority Populations: | | | | | | | | |  | | | | | |
| Limited English (Languages): | | | | | | | | |  | | | | | |
| 1. Service: | | | | | | | | |  | | | | | |
| Focus Population: | | | | | | | | |  | | | | | |
| # of participants to be served (unduplicated): | | | | | | | | |  | | | | | |
| Region of King County: | | | | | | | | |  | | | | | |
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| Limited English (Languages): | | | | | | | | |  | | | | | |
| 1. Service: | | | | | | | | |  | | | | | |
| Focus Population: | | | | | | | | |  | | | | | |
| # of participants to be served (unduplicated): | | | | | | | | |  | | | | | |
| Region of King County: | | | | | | | | |  | | | | | |
| Priority Populations: | | | | | | | | |  | | | | | |
| Limited English (Languages): | | | | | | | | |  | | | | | |
| 1. Service: | | | | | | | | |  | | | | | |
| Focus Population: | | | | | | | | |  | | | | | |
| # of participants to be served (unduplicated): | | | | | | | | |  | | | | | |
| Region of King County: | | | | | | | | |  | | | | | |
| Priority Populations: | | | | | | | | |  | | | | | |
| Limited English (Languages): | | | | | | | | |  | | | | | |
| 1. Service: | | | | | | | | |  | | | | | |
| Focus Population: | | | | | | | | |  | | | | | |
| # of participants to be served (unduplicated): | | | | | | | | |  | | | | | |
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| Priority Populations: | | | | | | | | |  | | | | | |
| Limited English (Languages): | | | | | | | | |  | | | | | |
| 1. Service: | | | | | | | | |  | | | | | |
| Focus Population: | | | | | | | | |  | | | | | |
| # of participants to be served (unduplicated): | | | | | | | | |  | | | | | |
| Region of King County: | | | | | | | | |  | | | | | |
| Priority Populations: | | | | | | | | |  | | | | | |
| Limited English (Languages): | | | | | | | | |  | | | | | |
| **Authorized physical signature of applicant/lead organization** | | | | | | | | | | | | | | |
| *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: |  |
|  | | | | | | | | |  | | | |  |  |