

**2023 Collective Network: Community Alternatives to Incarceration and Policing**

**Request for Proposal**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant: | | | |  | | | | | | |
| 2. Primary Contact: |  |  |  | |  |  |  |  |  |  |
| Name:  Title: |  |  |  | |  |  |  |  |  |  |
| Address: |  |  |  | |  |  |  |  |  |  |
| Email: |  |  |  | |  |  |  |  |  |  |
| Phone #: |  |  |  | |  |  |  |  |  |  |
| 3. Organization: Type |  |  |  | |  |  |  |  |  |  |
| Non-Profit | or Profit | | | | Public Agency | | | Individual Other (Specify): | | |
| 4. Federal Tax ID or EIN: | |  | | | | | 5. DUNS Number (if applicable): | |  | |
| 6. WA Business License Number: | | | | |  | | | | | |
| 7. Proposal Name: | | | | |  | | | | | |
| 8. Funding Amount Requested: | | | | |  | | | | | |
| **Authorized physical signature of applicant 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: | | | |  |