

Attachment A

Proposal Summary Sheet

Organization: _____
Address: _____ _____
Executive Director/CEO: _____
Telephone: _____
Contact Person: _____
Title: _____
Telephone: _____
E-Mail Address: _____
Fax Number: _____
Program Title: _____
Dates of Program Operation: _____
Amount of Proposal: _____

By my signature I assure all items presented within this proposal are true and correct to the best of my knowledge and that I am authorized to bind the above named organization to a contract for services should my proposal be given approval for such. I assure that the contents of the proposal are valid.

Signature of Authorized Individual

Date of Signature

Typed Name and Title of Signatory

Type Date of Signature