**REQUEST FOR PROPOSAL**

**RFP # DOC-MOUD-2020-CC**

**Department of Correction**

**January 2020**

**Proposal Cover Sheet**

**Applicant Agency FEIN**

**Address**

**City/Town State Zip Code**

**Agency Contact:** **Title:**

**Telephone Number** **Fax Number** **E-Mail Address**

**Program Site** (*check one)***:** [ ]  Carl Robinson [ ]  Walker Reception Center [ ]  Willard-Cybulski

**Total Annual Program Cost** **Total Annual Cost to CTDOC**

*(not including startup) (not including startup)*

**Requested Startup Costs**

**Applicant Agency Fiscal Year:** to

 (month) (month)

**Is your agency a non-profit?** Yes [ ]  No [ ]  **Is your agency incorporated?** Yes [ ]  No [ ]

**Is your agency registered as a:**

 Minority Business Enterprise? Yes [ ]  No [ ]

 Women Business Enterprise? Yes [ ]  No [ ]

 Small Business Enterprise? Yes [ ]  No [ ]

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

**Signature of Authorizing Official Date**

**Typed Name and Title**