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| **Housing Opportunities for Persons with AIDS (HOPWA) Program 2018\_29147**  **Request For Proposal – Cover Sheet**  **July 1, 2018 – June 30, 2021** | | |
| Send Proposal to:  Steve DiLella, Director, Individual and Family Support Programs  Department of Housing  505 Hudson Street, Second Floor, Hartford, CT 06106  **DUE DATE: Wednesday November 15, 2017 - NOT LATER THAN 3:00 P.M.** | |  |
| **Proposer’s Legal Name:**    Program Title, if any:  **Program Site Address:**  **Street:**        **City**      **, State**      **Zip**  Tel      EXT: | **Proposer’s Mailing Address:**  **Street:**  **City**      **, State**      **Zip** | |
| **Person Authorized To Sign Contract:**  **Name:**  **Title:**  Tel:       EXT:  **E-mail:** | **Person Responsible for Project:**  **Name:**  **Title:**  Tel:       EXT:  **E-mail:** | |
| **Annual Funding Request: $** | *If the amount of the DOH assistance is less than the amount requested, will the proposer accept the lesser amount and implement the project/program with an adjusted scope of service?*  *Yes*  *No* | |
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| **Signature of Authorized Person to Sign:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **Time/Date Stamp (DOH use only)** | |
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