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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 ProgramsDepartment of Housing505 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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