

Attachment A – Proposal Application

See REQUEST FOR PROPOSAL for detailed instructions-SECTION III

III-A. Business Organization

Name of Organization:

Administrative Office-Mailing Address:

Administrative Office-Telephone Number:

Executive Director:

Governing Board Chairperson/President:

ESTIMATED FUNDS Requested:

County	Available (estimated) \$	Requested \$
Antrim	\$24,619.13	
Charlevoix	\$27,903.37	
Cheboygan	\$27,015.12	
Crawford	\$13,792.81	
Emmet	\$36,040.71	
Otsego	\$26,056.49	
Roscommon	\$25,314.74	

III-B. Capacity

Proposing agency's definition of full-time employee (FTE):

Number of hours of available hours in a year for full-time employee: _____

(Excludes vacation and sick time, and holidays and is based on the number of hours in the agency's work week.)

B.1. Proposed Administrative, Supervision, Direct Service Staff

B.2. Capacity to Implement Prevention Services Assessment per priority area

III-C. Prevention Services Proposed- Attachment B Planning Form

III-D. Financial

OTHER: Meet minimum requirement listed in Section I-K

Review Scoring Requirements IV

Forward: W-9, Staff Form, Proof of Insurance (I-O), Proof of License,

Period during which the proposal remains valid: _____. **Note:** The proposal must be valid at least ninety (90) days after the due date of RFP.

Signature of Authorized Representative

Title

Date