

COVER SHEET
Children's Centers

Organization's Name _____

Street Address/P.O. Box _____

City _____ State _____ Zip Code _____

Children's Center site: _____

Court or Courts to be served: _____

Address: _____

County: _____ City: _____

Contact person: _____

Title _____

Phone number: _____

Amount requested : _____

The applicant certifies that to the best of his/her knowledge and belief the information in this proposal is true and correct, and that he/she will comply with the terms and conditions set forth in this RFP.

Signature and Title of Chief Administrative Officer

Date: _____