

**CT Office of Rural Health
Request for Proposal/Bid Face Page
2014-15**

Applicant/agency: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ Hours to be reached: _____

Federal Employee Identification Number (FEIN) _____

Contact person responsible for project/program: _____

E-mail address: _____

Fax number: _____

Total amount of proposal/bid: _____

Incorporated: Yes No

Type of Agency: Public Private
 Profit Non Profit Other _____

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

- The applicant agency is the agency or organization which is legally and financially responsible and accountable for the use and disposition of any awarded funds.
- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Principal contact person for the application (person responsible for developing application)

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.