

ATTACHMENT 1

REQUEST FOR PROPOSAL FACE SHEET

FAMILY CAREGIVER SUPPORT PROGRAM & KINSHIP CAREGIVER SUPPORT PROGRAM

Proposer Organization: _____	Phone: _____
Mailing Address: _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>
Executive Director: _____	Phone: _____
Title: _____	Email: _____
Contact Person: _____	Phone: _____
Title: _____	Email: _____
Legal Status: <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private for Profit <input type="checkbox"/> Other	
Employer E.I.N. Number: _____	
<p>Please complete the following information for your organization:</p> <p> Women Business Enterprise (WBE)? Yes <input type="checkbox"/> Small Business Enterprise (SBE)? Yes <input type="checkbox"/> Minority Business Enterprise (MBE)? Yes <input type="checkbox"/> Veteran Owned Business (VOB)? Yes <input type="checkbox"/> Disadvantaged Business Enterprise (DBE)? Yes <input type="checkbox"/> Do you have a certification number? Yes <input type="checkbox"/> If yes, please provide certification number and state or entity who issued the number below: Certification No.: _____ State or Entity Issued: _____ </p>	

RFP CANDIDATES SHALL COMPLETE AND SIGN (electronic signature acceptable) THE FORM BELOW AND AGREE TO THE FOLLOWING: By signing and submitting a response to this competitive solicitation, I certify that this organization and its principles are not currently suspended or debarred by any federal department or agency from participating in federally funded contracts. I certify that this organization, if awarded a contract with Snohomish County, will execute the Basic Terms and Conditions, the Business Associate Agreement, and provide evidence of current insurance as required in Section XXXVI of the Basic Terms and Conditions (Attachment 6) and incorporated as a part of this RFP.

Signature of Legal Authority: _____	Date: _____
Title: _____	
Signature of Board Chair: _____	Date: _____
<i>(if required):</i>	
Title: _____	

