|  |  |
| --- | --- |
| **NAME OF ORGANIZATION:** |  |
| **ADDRESS:** |  |
| **DIRECTOR:** |  |
| **PHONE:** |  |
| **EMAIL:** |  |
| **CITY SUPPLIER ID (IF KNOWN)** |  |
| **FEDERAL EMPLOYER #:** |  |

## **RFP COVER PAGE**

GROUP NUMBR FOR PROPOSED SERVICES (1-12) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT REQUESTED: \_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the San Francisco Human Services Agency (SFHSA) reserves the right to modify the specifics of this application at the time of funding and/or during the grant negotiation; that a grant may be negotiated for a portion of the amount requested; and that there is no grant until a written grant has been signed by both parties and approved by all applicable City Agencies. Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

Signature of authorized representative(s):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |

Submit an electronic copy to commdevrfp@sfgov.org .