

**Butte Countywide Homeless Continuum of Care  
2018 Homeless Emergency Aid Program Request for Proposal  
Application Cover Sheet**

ENTITY INFORMATION			
1. Applicant Agency:			
2. Entity Executive :			
3. Entity Primary Contact for this Proposal			
Name:			
Title:			
Address:			
Email:			
Phone #:			
4. Organization Type			
5. Federal Tax ID or EIN:		6. DUNS Number: Optional	
7. Business License Number: Optional			
8. Number of Project Proposals:			
9. Does the Entity have capability to meet program expenses in advance of reimbursement? Yes No			
10. How does the Entity establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this RFP? (Entities without such capabilities may wish to have an established agency act as fiscal agent):			
11. Does the Entity have any unpaid Federal and State tax liability that has been assessed, for which all judicial and administrative remedies have not been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement responsible for collecting the tax liability?			
		<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO
12. Has the Entity been convicted of a felony criminal violation under any Federal, State or Local law in the 24 months preceding the date of the application?			
		<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO

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**PROJECT PROPOSAL INFORMATION**

**Project 1**

Name:

Project Area:

Funding Amount Requested: \$

# of Clients To Be Served:

Anticipated Start Date:

**Project 2** (if applicable)

Name:

Project Area:

Funding Amount Requested: \$

# of Clients To Be Served:

Anticipated Start Date:

**Project 3** (if applicable)

Name:

Project Area:

Funding Amount Requested: \$

# of Clients To Be Served:

Anticipated Start Date:

**Project 4** (if applicable)

Name:

Project Area:

Funding Amount Requested: \$

# of Clients To Be Served:

Anticipated Start Date:

**Project 5** (if applicable)

Name:

Project Area:

Funding Amount Requested: \$

# of Clients To Be Served:

Anticipated Start Date:

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*If more than 5 projects are requested, complete this document again, adding the additional project information*

**AUTHORIZED  
SIGNATURE**

**Authorized physical signature of applicant/lead agency/lead entity**

*To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.*

Name and Title of Authorized  
Representative:

Signature of Authorized Representative:

Date: