

PROPOSAL INFORMATION SUMMARY

(Name of Organization)

(Street Address)

(City/State/Zip)

(Contact Person - Project Manager, Title)

(Telephone Number)

(Fax Number)

(E-mail Address)

(Location(s) of Program Operation, i.e. City, Town, County)

(Who the Program will Serve - Consumers and/or Disability)

Organization Type:

- Non-Profit Private for Profit Educational Governmental

Services Included in Proposal:

- | | | | |
|--------------------------|-------|--------------------------|-------|
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| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |

Number of Years Working with DVR (If Applicable): _____

Clients Served Per Year _____

Outcome Rate (Completion % Anticipated Per Year): _____

Total Number of Direct Service Staff (Work Directly with Consumers): _____

Certificate of information and authorized signature.

I hereby certify that to the best of my knowledge all information contained in the application is accurate and complete, that this is a valid application and that I am legally authorized to sign and represent this organization. I hereby certify that my organization is not barred from doing business with state of Delaware or the US Government.

(Signature)

(Date)

(Name)

(Title)