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:

☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

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)