CLEAR FORM

PRINT FORM

Detroit Employment Solutions Corporation

A Michigan Works! Agency

REQUEST FOR PROPOSAL APPLICATION COVERSHEET - FORM A

PROPOSAL INFORMATION

Proposal Title: Behavioral Assessment and Referral Services RFP

Number of Pages: *(not including attachments)*

Submission Version: Select Type of Submission

Proposed Number of Participants to be served:

Applicant Information

Legal Name of Entity or Individual:

Type of Organization: Select Type of Organization

State Entity is Registered:

Federal Tax ID Number:

DUNS Number: *if available*

Street Address, Suite#:

City, State: ,

Zip Code:

Website URL:

CONTACT INFORMATION

Provide contact information for person to be contacted on matters involving this application

Title:

First Name:

Last Name:

Suffix:

Title:

Email:

(Area Code) + Office Phone:

(Area Code) + Mobile Phone:

Application Information

Select the Option that Describes Your Application

Application Type	Summary Description
○ **Single:**	*Applicant is sole respondent.*
○ **Co-Grantee:** ***Enter Lead Entity below***	*More than one (1) applicant is applying for this proposal. Application includes letter signed by all parties designating a "Lead" entity, specifying roles and responsibilities. Each co-applicant is required to completed Form A.*

Sub-recipients: Applicant will be responsible for the overall work of the grant, with one or more organizations performing separate and distinct functions to serve or aid the principal effort. Such other organizations must be procured by the prospective applicant as subcontractors. ***Select option that describes proposal sub-recipient status below.***

○	Sub-recipients are not identified nor planned for this application.
○	*Sub-recipients are named in the proposal and included in the budget. Documentation of procurement is also included as required with this application.*
○	*Sub-recipients are planned for this grant but not named specifically in the budget or proposal. Procurement for services will be conducted in the future if Applicant is awarded a contract. Procurement documentation will be provided to DESC at that time.*

Funding Request Information

Enter summary estimated funding amounts

Funding Source	Applicant Price Proposed ($)
Detroit Employment Solutions Corporation:	
Applicant:	N/A
Profit:	N/A
Other *(Describe below)*:	N/A
N/A	
Total Est. Funding Request:	**$ 0.00**

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS PROPOSAL IS TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE ATTACHED DOCUMENT. THE APPLICANT HAS ACCESSED AND REVIEWED THE WEB PAGES CONTAINING DEFINITIONS OF TERMS AND STANDARD CONTRACTUAL LANGUAGE WHICH ARE/WILL BE RELEVANT TO THIS PROPOSAL. IF THE PROJECT IS AWARDED, THE APPLICANT WILL COMPLY WITH ALL RULES AND REGULATIONS SET FORTH BY THE DETROIT EMPLOYMENT SOLUTIONS CORPORATION. THIS PROPOSAL WILL REMAIN FIRM FOR A PERIOD OF ONE HUNDRED TWENTY (120) DAYS FROM ITS DUE DATE AND THEREAFTER UNTIL (i) THIS PERIOD EXPIRES; (ii) THE APPLICANT WITHDRAWS IT; (iii) A CONTRACT BETWEEN THE PARTIES IS EXECUTED; OR (iv) THE PROCUREMENT IS TERMINATED BY DESC, WHICHEVER OCCURS FIRST.

Authorized Representative's Signature (Blue Ink Only) - *Sign on line above*

Date - *provide date on line above*

Authorized Representative Name ***(printed)***

Authorized Representative Title

Email Address

(Area Code) + Telephone Number

Revised 2/24/20