Proposal Cover Sheet
Provision of Congregate Supportive Housing RFx
EPIN: 06925P0011

DIRECTIONS: *Please fill out the form completely.*

Proposer Contact Information	
Name of Organization:	
Address of Organization:	
Name of Contact Person:	
Title of Contact Person:	
Email Address of Contact Person:	
Phone Number of Contact Person:	
Population Option and Number of Units Information	
Proposed Number of Population Option 1 - Single Individuals Units:	
Proposed Number of Population Option 1 – Families with Children Units:	
Building Information	
Proposed Building Site Name:	
Proposed Building Site Address:	
Total Number of Units in the Entire Building:	
Total Number of Proposed Units:	
Enter block number(s) for the proposed site: *If you don't currently have a site, indicate N/A.*	
Enter lot number(s) for the proposed site: *If you don't currently have a site, indicate N/A.*	