Proposal Cover Sheet

DEPARTMENT OF SOCIAL SERVICES / HUMAN RESOURCES ADMINISTRATION

APS Community Guardian Program (CGP) Training RFx

EPIN: 06927P0001

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	

Proposal Summary	
Contract Year 1 (annual cost per contract year)	$
Contract Year 2 (annual cost per contract year)	$
Total Proposed Contract Amount	$
Subcontractor(s) or Consortium Member(s), if any	

Proposer's Authorized Representative	
Name	
Title	
Signature	
Date	