

FORM A - COVER PAGE

Thriving Families Partnerships RFP



FOR ALL SUBMISSIONS
Please complete the information below.

| | | | |
|--|--|--|--|
| Organization/Group Name: | | | |
| Type of Nonprofit Organization/Group: | | <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Fiscally sponsored by _____ <input type="checkbox"/> Other _____ | |
| Contact Person: | | Title: | |
| Address: | | | |
| City/State/Zip Code: | | | |
| Phone: | | | |
| Contact Person's Email: | | | |
| Which partnership level are you applying for? | | <input type="checkbox"/> Level 1 (\$5,000 - \$40,000) <input type="checkbox"/> Level 2 (\$40,001 - \$120,000) | |
| Total Amount Requesting | | \$ _____ | |
| Describe the purpose of your submission in 1-2 sentences: | | | |
| <i>By signing below you certify that the information contained in this submission is true and accurate to the best of your knowledge and belief. You further certify that this is submitted with the full knowledge and endorsement of the governing board of this organization, if applicable, which is empowered to enforce compliance with all contract conditions. You understand that this submission will remain valid for a period of no less than 180 days from the date of submittal.</i> | | | |
| Representative authorizing the submission of this proposal. | | Name: | |
| | | Title: | |
| | | Signature (digital or scanned): | |
| For Level 1 Partnerships | | | |
| Remember to submit a proposal describing your funding request and the required attachment. See page 10 of the RFP for what to include in your proposal. | | | |
| For Level 2 Partnerships | | | |
| Remember to complete FORM B and FORM C and submit your required attachments. See page 11 of the RFP for more information. | | | |