

ATTACHMENT A PROPOSAL SUBMISSION FORM

INSTRUCTIONS: Proposers must complete and submit this form signed and dated by the entity's Authorizing Official.

| Section 1: Entity Information |
|---|
| Entity Name: |
| DBA (if applicable): |
| Year Established: |
| EIN/Tax ID: |
| Entity Type: |
| Website (if any): |
| Are you a New York City Minority and/or Women-owned Business Enterprise (MWBE)? |

| Section 2: Entity Address |
|----------------------------------|
| Address 1: |
| Address 2: |
| City, State & Zip Code: |

| Section 3: Point of Contact |
|------------------------------------|
| Contact Person for this Proposal: |
| Title: |
| Contact Phone: |
| Contact Email: |

| Section 4: Proposal Information | |
|--|---|
| Total Proposed Budget | |
| \$ | |
| <input type="checkbox"/> | By checking this box, you are confirming that the Project Proposal is attached. |
| <input type="checkbox"/> | By checking this box, you are confirming that the entity's W-9 is attached. |
| <input type="checkbox"/> | By checking this box, you are confirming that at least 3 examples of project materials, including a sample communications plan, are attached. |
| <input type="checkbox"/> | By checking this box, you are confirming that contact information for at least two references is attached. |
| <input type="checkbox"/> | By checking this box, you are confirming that the Proposal Budget is attached. |

| Section 5: Certifications | |
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| <p>I, as an authorized representative of this applicant organization, have read this application and confirm the accuracy of the representations made herein. I also confirm the organization meets the eligibility criteria, as set forth in the request for proposal (RFP) and is fully able and willing to carry out the terms of the project.</p> | |
| <hr/> | |
| Signature of Authorizing Official | Date |
| <hr/> | |
| Printed Name and Title | |