**FORM C: RFGA COVER PAGE – MAKE ADDITIONAL COPIES AS NEEDED; ONE COPY WITH EACH FRC TYPE APPLICATION**

|  |  |
| --- | --- |
| **NAME OF ORGANIZATION(S):**  |   |
| **ADDRESS:**  |   |
| **DIRECTOR:**  |   |
| **PHONE/FAX#:**  |   |
| **EMAIL:**  |   |
| **FEDERAL EMPLOYER #:**  |   |

FRC TYPE:

□ NEIGHBORHOOD: *Enter name of Neighborhood*

□ POPULATION: *Enter name of Population*

|  |  |
| --- | --- |
| ANNUAL AMOUNT(S) REQUESTED:  | $  |

I understand that the San Francisco Department of Early Childhood (DEC) reserves the right to modify the specifics of this application at the time of funding and/or during the contract negotiation; that a contract may be negotiated for a portion of the amount requested; and that there is no contract until a written contract has been signed by both parties and approved by all applicable City Agencies. Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

Wet signature of authorized representative/signatory and Executive Director/Equivalent.

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |   | Title:  |  Executive Director |
| Signature:  |   | Date:  |   |
|  Name:  |   |  Title:  |   |
| Signature:  |   | Date:  |   |