**Appendix A**

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# **REQUEST FOR PROPOSALS COVER SHEET**

**Oral Health Access and Utilization**

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| --- |
| Proposer Agency Name (Lead):       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Duration:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Proposer Agency Contact Information (Lead):**  Proposer Agency Name:  Address:  City/State/Zip:  Contact name and title:  Phone:             e-mail address: |
| **Purpose of Grant Request:** |
|  |
| **Collaborative Agencies (list, if applicable):** |
| **Type of Agency (check one):** Non-profit 501c(3) Government Coalition/ Collaborative Other:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Key Services Currently Provided**: |
| **Geographic Region(s) Intended to be Served by Applicant Agency (check all that apply):**  North County (Daly City, San Bruno, Pacifica, South San Francisco)  Mid County (Foster City, San Mateo)  South County (East Palo Alto, Menlo Park, Redwood City,)  Coastside (El Granada, Half Moon Bay, Montara, Pescadero)  Other: |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROPOSER’S SIGNATURE DATE   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PROPOSER’S NAME PRINTED TITLE** |