**Appendix A**

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# **REQUEST FOR PROPOSALS COVER SHEET**

**Oral Health Access and Utilization**

|  |
| --- |
| 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** |