



**ATTACHMENT A
RFQ COMMUNICATIONS CONSULTATION SERVICES
REQUEST FOR QUALIFICATIONS COVER SHEET**

Organization/Individual Name: _____ Amount Requested: \$ _____

Contact Information

Organization/Individual Name: _____

Address: _____

City/State/Zip: _____

Contact Name and Title: _____

Phone: _____

Fax: _____

E-mail Address: _____

Partner Agencies/Subcontractors (if applicable): _____

Type of Organization/Individual (check one): Non-Profit 501c(3) Public Sector

Private For-Profit Independent Consultant Other: _____

APPLICANT'S SIGNATURE:

DATE

TITLE