

**Child Care Resource and Referral Services System
RFP#: R-04-06-0118**

**ATTACHMENT A
(Cover Page)**

Instructions: This document is to be completed (with original signatures in blue ink) by the primary grant applicant and submitted with the grant applicant's proposal as specified in the RFP.

Agency/Consortium: _____

Address: _____

Telephone: _____

Contact Person: _____

Title: _____

Telephone: _____

Service Delivery Area covered in proposal: _____

Subgrantee(s) included in proposal: _____

Executive Director: _____ (typed)

_____ (signed)

Associate Director: _____ (typed)

_____ (signed)

Board Chairperson _____ (typed)

(signed)