**ATTACHMENT B – COVER SHEET/CHECKLIST**

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| --- | --- |
| Organization/ Legal Name: |  |
| Contact Person: |  |
| Address: |  |
| City: |  | State: |  | Zip Code: |  |
| Phone: |  | Fax: |       | Email: |  |
| Proposed Budget Amount (per year): |  **Antioch**$ | **Bay Point**$ | **Monument**$ | **West County**$ |
| Federal Tax Identification Number: |       |
| A complete qualification/proposal has no more than **10 double-sided pages with 1.5 line spacing, 12pt font, and 8.5 x 11 inch paper with 1-inch margins plus any required** **Attachments** and additional information as listed below: |
| 1. |  | Submit Letter of Intent **(Attachment A)** LOI to the Commission no later than **Monday, August 28, 2017 by 5:00 p.m.** |
| 2. |  | Cover Letter/Checklist **(Attachment B)** – The cover letter must be signed by an officer authorized to bind the proposing organization. |
| 3. |  | References listing three funding references **(Attachment C)** |
| 4. |  | List current Board of Directors **(Attachment D)** |
| 5. |  | List Primary Sources of Contract and Grant Support for the last 3 years **(Attachment E)** |
| 6. |  | Fiscal Questionnaire **(Attachment F)** |
| 7. |  | Budget and Budget Narrative (Commission forms required) **(Attachment G)** |
| 8. |  | Supplemental Questionnaire **(Attachment H)** |
| 9. |  | Complete Perpetual Calendar template **(Attachment I)** |
| 10. |  | Copy of the current Agency annual budget FY 17/18 |
| 11. |  | Provide a copy of any federal, state or county licenses or certifications held by the agency (Non-Profit IRS letter, Tax Identification Number documentation, etc.). |
| 12. |  | Copies of the agency’s **three most recent annual audits** conducted by an outside accounting firm within the last three **Only one set of audits are required for each RFQ submitted**.  |
| 13. |  | Sample Contract – used to contract with agencies for services |
| 14. |  | Resumes – for persons who will be the core team for this project.  |

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|       |  |       |
| Name: |  | Title: |
|  |  |       |
| AUTHORIZED SIGNATURE: |  | Date: |