

APPENDIX H
COVER SHEET FORM
(Required)

PLEASE PRINT

Offeror (Agency) _____

Address _____

City _____ County _____ Zip _____

Tax ID Number _____

Contractor: Financial Officer

Name: _____ Name: _____

Title: _____ Title: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Contact person for proposal, if different than Contractor:

Name: _____ Title: _____

Funding Request for State Fiscal Year 2017 : Total \$ _____
(July 1, 2016 through June 30, 2018)

The Offeror certifies that, to the best of his/her knowledge and belief, the data in this proposal are true and correct.

Print: _____ Signature _____

Name of Authorized Official (Board Chairperson or designee)

Date _____ Telephone _____