



NeighborImpact

Critical Needs. Diverse Services. Empowering Change.

Request for Proposal # 09-001

Weatherization Program

Attachment A COVER SHEET

General Information:

Legal Name of Applicant Agency:

Street Address:

City State Zip:

Contact Person Title:

Phone /Fax:

Program Location (if different than above):

Email address:

Tax Identification Number:

Does the proposal comply with the requirements contained within the RFP?

A "No" response may disqualify the proposal from further consideration.

Yes/ No

Did outside individuals or agencies assist with preparation of this proposal?

Yes/ No (*f yes, describe and identify.*)

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I realize the final funding for any service is based upon funding levels, and the approval of NeighborImpact.

Name and Title

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