**Appendix J: Proposal Cover Sheet**

Request for Proposals for Child Care Resource and Referral District and Region Services: Professional Development Services, Distribution of Child Care Grants, and Parent Aware Outreach, Coaching and Technical Assistance and Support to Start and Grow Child Care Programs

This form is to be used as the cover sheet for your proposal. Submit this Proposal Cover Sheetvia email with your RFP submission to: Heather Moore at heather.moore@state.mn.us

|  |  |
| --- | --- |
| Contracting Agency**:** (Use legal name)  | Contact Mailing Address**:**  |
|  |  |
| Administrator or Director Name: | Contact Name:  |
|  |  |
| Telephone Number: | E-mail Address: | Telephone number: | E-mail Address: |
|  |  |  |  |
| Authorized Signature and Date: | MN tax ID#: | Federal employer ID#: |
|  |  |  |
| Organization Tax Status: (check one) |
| \_\_\_\_\_\_\_\_ 501 (c)(3) |
| \_\_\_\_\_\_\_\_ Public Agency  |
| \_\_\_\_\_\_\_\_ Unit of Government, including Tribal Nation |
| \_\_\_\_\_\_\_\_ Other (describe)  |
|  |
| **Services area(s) responding to:**☐ Northwest District ☐ Region 1 ☐ Region 6W ☐ Region 11-Anoka ☐ Northeast District ☐ Region 2 ☐ Region 7E ☐ Region 11-Carver ☐ Southern District ☐ Region 3 ☐ Region 7W ☐ Region 11-Dakota ☐ West Central District ☐ Region 4 ☐ Region 8 ☐ Region 11-Hennepin ☐ Metro District ☐ Region 5 ☐ Region 9 ☐ Region 11-Ramsey☐ Language Access Services (optional) ☐ Region 6E ☐ Region 10 ☐ Region 11-Scott ☐ Region 11-Washington |
| **Total SFY 2026 – SFY 2027** P**roposal Funding request:** | $ |
| The Authorized Signature certifies agreement to the terms and conditions outlined in the RFP as well as those stated by the applicant within this proposal.  |

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