

**Cover Page  
Request for Proposal for  
Day Rehabilitation and Day Support  
April 13, 2026**

A. Applicant Information

<b>Name of Organization:</b>		
<b>Federal Tax ID:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number:</b>		

<b>Name of Director:</b>	<b>Phone Number:</b>
<b>Directors Email:</b>	

<b>RFP Contact Name:</b>	<b>Phone Number:</b>
<b>RFP Contact Email:</b>	

<b>Legal Status (Check One)</b>			
<b>Non Profit</b>	<b>For Profit</b>	<b>Quasi-Governmental</b>	<b>Other (Specify):</b>

I certify that to the best of my knowledge and belief, the information contained in this proposal is true and correct. The proposal has been duly authorized by the governing body of the applicant, the applicant has the legal authority to submit a proposal for funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

Signature of Authorized Representative for Organization