

## Appendix A: Cover Sheet for RFP on Transgender Safety and Wellness Services

Applicant		
<b>Applicant Name</b>	<b>Address</b>	<b>Tax ID Number</b>
<b>Phone</b>	<b>Fax</b>	<b>Website</b>
Fiscal Sponsor		
<b>Fiscal Sponsor Name</b>	<b>Address</b>	<b>Tax ID Number</b>
<b>Phone</b>	<b>Fax</b>	<b>Website</b>
Program		
<b>Program Title:</b>	<b>Description of Services:</b>	<b>Amount Requested:</b>
<b>Program Director: Name, Title, Address (if different from above), Phone, Fax, E-mail:</b>		
<b>Financial Officer: Name, Title, Address (if different from above), Phone, Fax, E-mail:</b>		

### **Statement of Understanding about Availability of Funds**

*Applicant understands that: (1) no funds are committed to this RFP at this time; (2) the release of this RFP must not be construed as a commitment, nor a guarantee that funds will become available; (3) the Department is not obligated to fund programs unless funds are available, and applicants submit correctly completed documents required by the Department. The Department reserves the right to grant partial funding as necessary.*

### **Statement of Compliance to Terms of RFP and Contract Agreement**

*By submitting this application, applicant signifies acceptance of the responsibility to comply with all Department requirements stated in the RFP. If awarded grant funds, applicant further agrees to administer the grant in accordance with the City and County of San Francisco's contract agreement.*

### **Agency Official Authorized to Sign for Applicant**

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_