

Appendix A: Cover Sheet
RFP for Transgender Legal Education & Support Services

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

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** _____