## PROPOSAL COVER SHEET

***School of Origin Transportation***

**Request for Proposals**

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| --- | --- |
| **Name of Agency:** |  |
| **Address** |  |
| **Application Contact Person:** |  |
| **Contact Person Phone & Fax:** |  |
| **Contact Person Email Address:** |  |

In addition to the Administration & Support functions described in this proposal, the proposal includes the provision of Direct Transportation Option:

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| --- | --- | --- |
| **□ Option A**Statewide, Direct Transport | **□ Option B**Use of statewide DCF-credentialed providers | **□ Option C**Partial direct transportation / Partial use of credentialed providers |

If this proposal includes utilizing Option C, we propose to provide direct transportation for the following Region(s):

|  |  |  |
| --- | --- | --- |
| **□ REGION 1**Bridgeport, Norwalk | **□ REGION 2**New Haven, Milford | **□ REGION 3**Middletown, Norwich, Willimantic |
| **□ REGION 4**Hartford, Manchester | **□ REGION 5**Waterbury, Danbury, Torrington | **□ REGION 6**New Britain, Meriden |

*This application must be signed by the applicant's executive director or other individual with executive oversight for agency services delivered in Connecticut*

By submitting this application, I attest that all the information included within the application is true.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
|  |  |  |  |
| Name (Printed): |  | Title: |  |