**Attachment #2**

## PROPOSAL COVER SHEET

**Parenting Support Services**

**Request for Proposals**

|  |  |  |
| --- | --- | --- |
| **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 |

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

*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: |  |