Appendix C

Region V Systems

Request for Proposals

Voluntary Crisis Residential Center

Cover Page

RFP Released: February 1, 2023

**Applicant Information**

|  |
| --- |
| Provider Name:       Federal ID Number:      Street Address:      City:       State:       Zip:      Legal Status (Check one) [ ]  Non-Profit [ ]  For Profit [ ]  Quasi-Governmental [ ]  Other (specify):      Name of Director:       Phone Number:      Director’s E-mail:       |
| **Contact Person Information** |
| Name:       Phone Number:       Fax Number:       E-Mail       |

**Funding / Capacity**

|  |
| --- |
| Funding Requested Capacity Requested $             |

Typed Name of Authorized Person Title of Authorized Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Person Date

\*If applicant is submitting this proposal in collaboration with other entities, please specify the entity(ies) name(s):