

EXHIBIT B: PROPOSAL COVER SHEET

Name of Entity: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Executive Director: _____
Primary Contact: _____ Title: _____
Telephone: _____ Email: _____
Project Title: _____

Brief overview of how the project will be implemented:

Amount Requested: \$ _____
Duration of the Project: _____ Expected Start Date: _____
Business Tax ID Number (if applicable) _____

I certify that all statements in this exhibit are true. This certification constitutes a warranty, the falsity of which shall entitle the County of Imperial to pursue any remedy authorized by law which shall include the right, at the option of the County, of declaring any contract made as a result hereof to be void. I agree to provide the County with any other information the County determines is necessary for the accurate determination of the person or entity's qualification to provide services.

I certify that _____ will comply with all requirements specified in the RFP which are applicable to the services which we wish to provide. I agree to the right of the County to audit financial and other records of said name/entity: _____.

Name of Applicant or Authorized Agent (please print)

Signature of Applicant or Authorized Agent

Date