**Coordinated Assessment Agency RFP**

**Cover Page**

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| Applicant Name |  |
| Applicant EIN/TIN |  |
| Project Name |  |

**Contact Information**

|  |  |
| --- | --- |
| Agency representative completing application |  |
| Job Title |  |
| Email Address |  |
| Mailing Address |  |
| Telephone Number |  |

***Certification:*** *The undersigned certifies that to the best of his or her knowledge and belief, data in this application and its attachments are true and correct, the document has been duly authorized by the governing body of the organization, and the organization will comply with all regulations and guidelines applicable to the Ocean County Homeless Prevention and Assistance Coalition. The applicant agrees that this application is a public document and is subject to the Freedom of Information Act.*

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| --- | --- | --- | --- |
| **Printed Name:**  |  | **Title:** |  |
| **Authorized Signature:** |  | **Date:** |  |