

YEAR 2012 PROPOSAL SUMMARY SHEET

ITEM # 1

Agency _____ Agency Director _____

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity _____

Address _____
(Street) (City) (State) (Zip)

Contact Person _____

Telephone # _____ Email _____

Agency Fiscal Period _____ Federal ID Number _____
(Mo/Day/Year to Mo/Day/Year)

Please complete the following information for each 2012 program proposed in your proposal. Program name, and if applicable, a program number must be assigned to each program. This proposal must include programs from only one division. In order to apply for programs from more than one division, a separate, complete proposal must be submitted for each division.

Division: BHD___ DCSD___ DSD___ MSD___ Housing___ Wraparound___

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

A. Program Number: _____ **Program Name:** _____

Continuation___ New _____

2011 Funding: _____ 2012 Request: _____

Site(s):

(1) _____ (3) _____

(2) _____ (4) _____

B. Program Number: _____ **Program Name:** _____

Continuation___ New _____

2011 Funding: _____ 2012 Request: _____

Site(s):

(1) _____ (3) _____

(2) _____ (4) _____

C. Program Number: _____ **Program Name:** _____

Continuation___ New _____

2011 Funding: _____ 2012 Request: _____

Site(s):

(1) _____ (3) _____

(2) _____ (4) _____

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE PROPOSAL PACKAGE.
PLEASE DUPLICATE AS NEEDED. PLEASE USE A SEPARATE SHEET FOR EACH DHHS DIVISION FOR WHICH YOU ARE SUBMITTING PROPOSALS.