

**New Hampshire Department of Health and Human Services
 Division of Community Based Care Services
 Bureau of Drug and Alcohol Services**

Proposal Face Sheet

1. Legal Name of Bidder:
2. Name of RFP:
3. Amount of funds requested through this proposal: \$
4. Budget Period(s) **July/1/2010 to December/31/2010**

January/1/2011 to June/30/2012

5. Name and Title of Bidder contact person for proposal:
6. Mailing address:
7. Phone number:
8. Fax number:
9. E-mail address:
10. Geographic area to be served:

11. Enter projected/contracted numbers of individuals to be served per Budget Period:

Intervention	Region	Numbers to be served

List each Intervention separately

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**Proposal Face Sheet
Instructions**

1. **Legal name of bidder:** Enter the legal name of the bidder. *This must match the name on your Certificate of Good Standing.*
2. **Name of RFP:**
3. **Amount of funds requested through this proposal:**
4. **Budget Period(s):** July 1, 2010 to December 31, 2010 and January 1, 2011 to June 30, 2012 – (budget for each intervention per budget year)
5. **Name and title of contact person for proposal:** Enter the name of the contact person and their title within the bidder organization (i.e. Executive Director, Program Coordinator). This should be the person who can answer questions relative to the proposal.
6. **Mailing address:** Enter the address to which correspondence relative to the proposal should be sent.
7. **Phone number:** Enter the phone number for the contact person.
8. **Fax number:** Enter the fax number to which correspondence relative to the proposal should be sent.
9. **E-mail address:** Enter the e-mail address for the contact person.
10. **Regional area to be served:** Identify the geographic area to be served:
11. **Projected/contracted numbers of individuals to be served per intervention per Budget Period.** List the Intervention in the left column, the region in the center column and the number of individuals in that region being served in the right column.

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Proposal Checklist

Bidder Name:

This checklist is provided to assist you in assuring your proposal is complete. Please check off all required items and submit it with your proposal. Write "N/A" if the item is not applicable to your proposal.

Face Sheet []

Executive Summary []

Proposals lacking an Executive Summary will not be reviewed.

Narrative []

Staff List Form []

Budget Form []

Budget Justification []

Sources of Revenue Form []

Comprehensive General Liability
Insurance Acknowledgement Form []

Curriculum Vitae []