#### CHAUTAUQUA COUNTY DEPARTMENT OF SOCIAL SERVICES RFP COVERSHEET

####  RFP-1-22 YB

|  |  |
| --- | --- |
| Name of Organization: |  |
| Program Name: |  |
| Organizational Mailing Address: |  |
| Executive Director: |  |
| Executive Director’s Phone Number: |  |
| Executive Director’s E-mail Address: |  |
| Program Contact: |  |
| Program Contact’s Phone Number: |  |
| Program Contact’s E-mail Address: |  |
| Agency Website: |  |
| Federal Employer ID# (FEIN): |  |
| Is agency debarred/suspended from receiving funds/doing business with the Federal government? |  |
| Is agency a non-profit or unit of government? |  |
| If non-profit, please provide 501(c)(3) not-for- profit entity ID # and date established as such: |  |