



Appendix C: Forms and Attachments

- Intent Form
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All forms are available on the Council's website at www.paddc.org.



Appendix C: Forms and Attachments

Note:

Your first step in applying for a Council grant is to send in the form below *immediately*. If you are considering submitting a proposal, please complete a separate Intent Form for each objective. Mail the form directly to the Council’s office at:

Room 561 - Forum Building
605 South Drive
Harrisburg, PA 17120

Or fax the form to (717) 772-0738.

In order to receive the Preproposal Meeting Minutes for any given activity, you must inform us of your intent to submit a proposal using the Intent form below. Remember that these Preproposal Meeting Minutes may contain important information regarding the preparation of your proposal or any addenda to this RFP.

INTENT FORM

I am interested in submitting a proposal for:
(List only one per form.)

(Name of the objective)

RFP #: _____

Please send Preproposal Conference minutes for this activity to:

Name: _____

Organization: _____

Address: _____

County: _____ City/State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

(If you will be submitting more than one proposal, please duplicate this form and submit separate forms for each proposal.)

Mailing Label

Please use this label form for mailing your proposal. You may cut this label out and firmly affix it to your proposal package or copy this exact format for your mailing label.

FROM:

RFP Number:

Opening Date & Time:

**TO: Department of Human Services
 Health and Welfare Building, Room 402
 Commonwealth Avenue and Forster Street
 Harrisburg, PA 17105-2675**

TITLE PAGE
PENNSYLVANIA DEVELOPMENTAL DISABILITIES COUNCIL
REQUEST FOR GRANT PROPOSALS

Request for Proposal Title:

Request for Proposal Number:

Name of Applicant:

Street/P.O. Box #:

City/State/Zip Code:

Contact Person & Title:

Telephone #: ()

Contact E-mail:

Applicant's Federal Identification Number: _____

Applicant's Vendor Number (if applicable): _____

County of Applicant:

County(ies) Where Project Services Will Be Provided:

Are you applying to operate in a Federal Poverty Area: ___ yes ___ no

If yes, description of why your area of operation meets the definition of Federal Poverty Area is found on page ___ of this proposal.

You must include the descriptions and plans to address Systems Change, Meaningful Participation, Disparate Impact and Generic Social Change, as detailed in the Grant Application Instructions of the Request for Proposals book. Please note the pages in your proposal where those descriptions are located.

Systems Change – Page ___

Meaningful Participation – Page ___

Disparate Impact – Page ___

Generic Social Change – Page ___

Submission of this proposal constitutes agreement to the following:

- You certify that you will comply with all policies noted in Appendix A of the RFP Book.
- You certify that staff, once assigned, will not be transferred to other projects without the prior consent of the Council.
- You certify that you are willing to work with other Council grantees as seen as appropriate by the Council.

The authorized signature on this Title Page indicates the applicant's acceptance of the condition that this proposal remains valid for 150 days from the date of submission.

(Signature of Applicant's Authorized Official)

(Printed Name and Title of the Authorized Official)

