**ATTACHMENT 1: Proposal Summary Form**

**RFP TITLE: ECHOES Program: Be Ready Project RFP PIN: 78113P0001**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposing  Organization: |  | | | | | | EIN: |  |
| Address: |  | | | | | |  |  |
|  |  | | | | | | | |
|  | City | State | | | | Zip Code | | |
| Contact Name: |  | | Title: |  | | | | |
| Contact  E-mail: |  | | Telephone: | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FUNDING REQUEST** | | | | | | |
| **# of slots** | **Cost Per Slot** | **DOP/CEO Annual Funding Request** |  | **Optional Per Participant Rate (for any capacity exceeding 20 at any one time)** | **Cost per additional participant** | **Additional Funding Request** |
| **20** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Service Option**  **(Select ONE only)** | **Option 1: Manhattan** | **Option 2: Brooklyn/Queens** |
|  | **Program Site**  **Name:** *Harlem NeON*  **Address:** *127 W. 127th Street*  *New York, NY 10027* | **Program Site Name:**  **Address:** |

Is the proposal printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?

**Yes**  **No**

Has the proposer submitted more than one proposal in response to this RFP?

**Yes**  **No**

If yes, how many?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Authorized Representative: |  |  |  | |
|  | Print Name | Signature | | |
| Title: |  | E-mail: | |  |