**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: |  |