

**DEPARTMENT OF CHILD SERVICES
PROPOSAL FOR THE USE OF FEDERAL, STATE, AND COUNTY FUNDS**

REQUEST FOR FUNDS

Section I Applicant/Agency Information

A. Service(s) to be Provided:			

B. Legal Applicant/Agency Name:	
Doing Business As:	
Registered with Secretary of State:	<input checked="" type="radio"/> Not Registered <input type="radio"/> Registered

C. Federal EIN # or SS #:	
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D. Mailing Address:	Street:			
	City:	State:	IN	Zip Code:

E. Physical Address:	Street:			
	City:	State:	IN	Zip Code:

F. Applicant's Legal Status:	<input type="radio"/> Not for Profit <input type="radio"/> Sole Proprietorship <input type="radio"/> Other, please specify below		
	<input type="radio"/> For Profit <input type="radio"/> Partnership		

G. Chief Executive Officer:		Telephone:	
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H. Financial Officer:		Telephone:	
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I. Contact Person for Proposal:		Telephone:	
	E-Mail Address:	Fax:	

J. Proposed Funding Period:	January 1, 2009 to June 30, 2011
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I certify that I have read the instructions in the Request for Proposals for Regional Child Welfare Services. I agree to comply with the information in the instructions, the assurances, and the service standards. I understand that this proposal will be rejected if it is incomplete, postmarked later than March 3, 2008, and/or is unsigned. I certify that the information contained in this proposal is true and accurately reflects the intent of this agency in delivery of services. I am the agency designee authorized to sign proposals on behalf of this agency.

K. Authorized Signature:			
Printed Name:		Title:	

L. Date Submitted:	
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SIGN IN BLUE INK ONLY

Submit an original (signed) proposal, one paper copy, and one electronic copy to each Regional Child Welfare Services Coordinator.
You must also forward an electronic copy to each Regional Manager and each County DCS Director you are proposing to serve.

**DEPARTMENT OF CHILD SERVICES
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Section II Service Unit Rate Definition

Agency:
Proposed Funding Period: January 1, 2009 to June 30, 2011
Date Submitted: 1/0/1900
 #N/A

A: Contact Person for Services:		Telephone:	
E-Mail Address:		Fax:	

B: Define each billable service unit and rate

Service Unit Definition			Proposed
Component Code	Description	Unit	Unit Rate
#N/A	#N/A	#N/A	
#N/A	#N/A	#N/A	
#N/A	#N/A	#N/A	
#N/A	#N/A	#N/A	
#N/A	#N/A	#N/A	

C: Show breakdown below of proposed types of service units, number of families/clients, and amount requested by county.

Number of Counties to be served:

County to be Served:	Region	Total Number of requested Units (per county and component code)					Public Funds Requested	Number of
		#N/A	#N/A	#N/A	#N/A	#N/A		<input style="width: 50px;" type="text"/>
Totals this service standard:		0	0	0	0	0	\$ -	0
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