

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

REQUEST FOR FUNDS

Section I Applicant/Agency Information

A.	Services to be Provided:	Youth Advisory Board
B.	Legal Applicant/Agency Name:	
	Doing Business As:	
	Registered with Secretary of State	Circle One: Not Registered / Registered
C.	Federal EIN # or SS #:	
D.	Mailing Address: (Street):	
	City/State/Zip:	
	Telephone/Fax	
E.	Physical Address: (Street):	
	City/State/Zip:	
	Telephone/Fax	
F.	Applicants Legal Status	Circle One: Not for Profit / Sole Proprietorship / For Profit / Partnership Other: (Please Describe):
G.	Chief Executive Officer:	
H.	Financial Officer:	
I.	Contact Person for Proposal:	
	E-Mail Address:	

Proposed Funding Period: July 1,2012 to June 30, 2014

I certify that I have read the instructions in the Request for Proposals for Youth Advisory Board. 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 **May 7, 2012**, 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:	
L.	Date Submitted:	

SIGN IN BLUE INK ONLY

To be considered, proposals must be delivered to the address below, no later than 10:00am on May 7, 2012. Bidders must submit 3 copies of the proposal in addition to an electronic submission either via CD or USB drive. Submit to:

Department of Child Services
ATTN: Alishea Hawkins
MS 47/E306
302 West Washington Street
Indianapolis, IN 46204