

**FORM C: San Francisco Department of Early Childhood
Request for Grant Application #DEC24-1 for Early Intervention and Specialized
Services System of Care (EISSC)**

**RFGA COVER SHEET – MAKE ADDITIONAL COPIES AS NEEDED; ONE
COPY WITH EACH SERVICE COMPONENT APPLICATION**

NAME OF ORGANIZATION(S): _____

ADDRESS: _____

DIRECTOR: _____

PHONE/FAX#: _____

EMAIL: _____

FEDERAL EMPLOYER #: _____

SERVICE COMPONENT(S): *(Select only one)*

- | | |
|---|--|
| <input type="checkbox"/> CYSHN and EI FRC | <input type="checkbox"/> Centralized Access Point |
| <input type="checkbox"/> Developmental Playgroups | <input type="checkbox"/> Care Coordination and Individualized Services |

ANNUAL AMOUNT(S) REQUESTED: _____

I understand that the San Francisco Department of Early Childhood (DEC) reserves the right to modify the specifics of this application at the time of funding and/or during the contract negotiation; that a contract may be negotiated for a portion of the amount requested; and that there is no contract until a written contract has been signed by both parties and approved by all applicable City Agencies. Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

Signature of authorized representative(s):

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____