

Appendix A

MARYLAND DEVELOPMENTAL DISABILITIES COUNCIL

(This must be the first page for all proposals)

RFP #: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone: _____ Extension _____

Fax : _____

Email address: _____

Signature of Offerer/Agency Representative: _____

Name & Title: _____

Project Title: _____

Total Project Budget: \$ _____ Council Funds Requested \$ _____