

**BALTIMORE CITY HEALTH DEPARTMENT
HUMAN SERVICES CONTRACT PROPOSAL**

A. Vendor Information: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____ **Telephone:** _____

Mailing Address (if other than shown above): _____

Federal Employer I.D.: _____ **Minority Enterprise** **Yes** **No**

Fiscal Year or Period for which Funds are Requested: _____

Type of Service To Be Funded: _____

Performance Measures Detail Attached **Yes** **No**

Area/Jurisdiction To Be Serviced: _____

Does the Organization Do Fundraising: **Yes** **No**

Are any of the State supported costs being used to generate fundraising dollars **Yes** **No**

Type of Proposal: **New** **One-Time Only** **Renew:** **Supplement**

B. Affirmations and Signature of Certifying Official: (Mark Appropriate Box(es))

On behalf of the governing board or other executive authority of the above named organization, I affirm that the information and estimates conveyed in this application are true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Name Printed or Typed: _____ **Title:** _____