

City of Albuquerque
 Department of Family and Community Services
APPENDIX #1: Proposal Summary and Certification Form

1. Name of Applicant Organization:		
2. Mailing Address (City, State, and Zip Code)	3. Name and telephone number of contact person	
City Program Name (from Request for Proposals):		
RFP Number: RFP-2021-108-FCS-IC	Scope of Work:	Due Date:
Title of Applicant's Project and Brief Descriptive Summary:		
Amount of City Funding requested:	Matching Funds Amount (if requested):	Date Submitted:
<p>Certification: It is understood and agreed by the undersigned that: 1) Any funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all Applicable Federal, state, and city regulations and restrictions; and 2) the undersigned hereby gives assurances that this proposal has been prepared according to the policies and procedures of the above named organization, obtained all necessary Approvals by its governing body prior to submission, the material presented is factual and accurate to the best of her/his knowledge, and that she/he has been duly authorized by action of the governing body to bind the Corporation.</p>		
a. Typed Name of Authorized Board Official:	b. Title	c. Telephone Number
Signature of Authorized Board Official		d. Date signed: