

DDRS RFF 18-001 - ATTACHMENT A  
RESPONDENT INFORMATION

Legal Name:
Doing Business As (if different from legal name):
Address:
County:
Email Address:
Telephone:
Responsible Executive Name/Title:
Contact Person (and contact information if different from above):
Taxpayer ID Number:
DUNS Number:
Date of 501(c)3 Status Confirmation*:
Initial Date of Operations/Incorporation**:

*\*Include 501(c)3 Determination Letter from the IRS*

*\*\*Include certification of incorporation or other documentation*

AVERAGE DAILY NUMBER OF QUALIFIED INDIVIDUALS SERVED

Indicate the average daily number of qualified individuals served in calendar year 2017. Qualified individuals means individuals with intellectual and developmental disabilities receiving day services from your organization. Respondents must provide accompanying documentation supporting this data.

Average Daily Number of Qualified Individuals Served in Calendar Year 2017 (round to nearest whole number):

SIGNATURE OF AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, the information in this proposal has been duly authorized by the governing body of the applicant.

Signature:

Name/Title:

Date Signed: