

**2026-2028 Request for Proposals
SKAGIT COUNTY HOMELESS CRISIS RESPONSE SYSTEM**

Attachment A: Proposal Cover Sheet

Name and Title of Authorized Representative:		
Organization:		
Address:		
Phone:		
E-mail:		
State of Washington Business License Number(s):		
Program Licensure or Certification Status:		<input type="checkbox"/> Not Applicable

Please check the appropriate box below and provide the information requested:

- ☐ Incorporated as a private nonprofit corporation in the State of Washington and has been granted 501(c)(3) tax exempt status by the U.S. Internal Revenue Service.

IRS Employer Identification Number (EIN): _____

- ☐ A public corporation, commission, or authority established pursuant to applicable Washington State law

- ☐ Other (specify): _____

Funding Category:		Total Dollars Requested (per year):	
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I understand the terms and conditions of the 2026-2028 Homeless Crisis Response System Request for Proposals and certify that the above-named organization will comply with all Skagit County requirements if a contract award is made. All information contained in this application is true and accurate to the best of my knowledge.

Print Name

Title

Signature

Date