

Attachment A

Proposer Cover Sheet for Youth Services

Subcontractor Information

Business Name: _____
Mailing Address: _____
Street Address (if different): _____
City/State/Zip _____
Website Address: _____

Authorized Representative

Name: _____ Title: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____

Authorized Contact Person

Name: _____ Title: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____
Proposer's Federal Tax Identification Number: _____

Subarea where services are provided (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Antelope Valley Comprehensive AJCC | <input type="checkbox"/> Rancho Dominguez Comprehensive AJCC |
| <input type="checkbox"/> East Los Angeles/West San Gabriel Valley Comprehensive AJCC | <input type="checkbox"/> Rio Hondo Comprehensive AJCC |
| <input type="checkbox"/> East San Gabriel Valley Comprehensive AJCC | <input type="checkbox"/> Southeast Los Angeles Comprehensive AJCC |
| <input type="checkbox"/> Pomona Valley Comprehensive AJCC | <input type="checkbox"/> West Los Angeles Non-Comprehensive AJCC |

Type of Provider (Check all that apply)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Charitable/Faith Based Organization | <input type="checkbox"/> Proprietary School | <input type="checkbox"/> Community College | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Non-profit | <input type="checkbox"/> University ____ Public by Another ____ Private Agency | <input type="checkbox"/> Entity Regulated |

Type of Organization

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> For-profit | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other _____ |