A. Proposal Cover Sheet

Heart of Florida United Way
Ryan White Part B Program
2020-2022

Agency Name: _____

Address: _____

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____ E-mail:_____

Service Category:_____ Funding Request: $_____

Proposal Summary: Please provide a brief description of the application (5-7 sentences):

_____ = Estimated number of unduplicated clients to be served.

_____ = Estimated number of service units.

_____ = What constitutes a service unit (ex. 1 mile, 60 minutes, etc.)

Proposal Submitted By:

_____	_____
Agency Director Date	Board Representative Signature Date
_____	_____
Printed name	Printed name
_____	_____
Title	Title

The original plus **nine (9) copies of** each proposal **must be received by 12:00 p.m. NOON on March 16, 2020 at the Heart of Florida United Way reception desk.** Proposals will be time stamped in order to assure proper receipt. Address proposal packages to:

Yasmin Andre
Program Director, Ryan White Part B/General Revenue
Heart of Florida United Way
1940 Cannery Way
Orlando, FL 32804