

**MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES**

**REQUEST FOR PROPOSAL COVER SHEET**

Title: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please specify which RFP you are responding to)

Submitted by:

1. Name of Organization \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone \_\_\_\_\_

4. Fax # \_\_\_\_\_

5. Email \_\_\_\_\_

6. Name of Contact Person \_\_\_\_\_

Title

Phone

\_\_\_\_\_  
(Agency Authorization Signature)

(Date)