

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)