

ATTACHMENT I - Cover Page

Invitation to Negotiate #009 Forensic Mental Health Service Program

Applicant Agency: _____

Contact Information

Contact Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone 1: _____

Telephone 2: _____

Email Address: _____

Authorized Contract Signer: _____

Authorized representative certifies the accuracy and completeness of the statements contained in the application and agrees to accept the obligation to comply with the award terms and conditions.

Name of Authorized Contract Signer: _____

Title: _____ Date: _____

Funded by the Florida Department of Children & Families

