

**DEPARTMENT OF CHILD SERVICES**  
**PROPOSAL FOR THE USE OF FEDERAL AND STATE FUNDS**

**REQUEST FOR FUNDS**

**SECTION I Applicant/Agency Information**

A. Services to be Provided	Adoption Recruitment Services
B. Legal Applicant/Agency Name:	
Doing Business As:	
Registered with Secretary of State	Circle one: Registered / Not Registered
C. Federal EIN # or SS #:	
D. Mailing Address (Street)	
City/State/ZIP	
Telephone/Fax	
E. Physical Address (Street)	
City/State/ZIP	
Telephone/Fax	
F. Applicants Legal Status	Circle one: Not for Profit / Sole Proprietorship / For Profit / Partnership
	Other (Please Describe):
G. Special Preference	Circle any that apply: Woman-owned / Minority-owned / Veteran-owned
H. Chief Executive Officer	
I. Financial Officer:	
J. Contact Person for Proposal:	
Email Address:	

**PROPOSED FUNDING PERIOD: July 1, 2015 through June 30, 2017**

I certify that I have read the instructions in the Request Proposals. I agree to comply with the information in the instructions, the assurances, and the service standards. I understand that this proposal will be rejected if it is incomplete, postmarked later than March 27, 2015, and/or is unsigned. I certify that the information contained in this proposal is true and accurately reflects the intent of this agency in delivery of services. I am the agency designee authorized to sign proposals on behalf of this agency.

K: Authorized Signature	
Printed Name:	
L. Date Submitted:	

**SIGN IN BLUE INK ONLY**

To be considered, proposals must be postmarked on or before March 27, 2015. Bidders must submit one copy of the proposal in addition to an electronic submission on a USB drive. Submit to:

Sandra Caesar  
302 W. Washington Street  
Room E 306-MS47  
Indianapolis, IN 46204-2739