

**McDowell County Community Food & Health Hub Consultant**  
**Response Cover Sheet**

NAME OF ORGANIZATION \_\_\_\_\_

WEB SITE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**TYPE OF ORGANIZATION:** Please check the appropriate bracket that describes your organization.

- Non-Profit Organization
- For-Profit Organization
- Individual

**ESTIMATED BUDGET FOR PROGRAM IMPLEMENTATION:** \_\_\_\_\_

**CERTIFICATION:** I certify that the information contained in this proposal fairly represents this entity and its operating plans and budget necessary to conduct the proposed McDowell County Community Food & Health Hub programmatic activities described herein. I acknowledge that I have read and understand the requirements of the Request for Proposal (RFP) and that this entity is prepared to implement the proposed activities as described herein. I further certify that I am authorized to sign this proposal and any contractual agreement emanating therefrom on behalf of the entity submitting the proposal.

\_\_\_\_\_  
(Signature and Date of signatory official)

\_\_\_\_\_  
(Typed or printed Name and Job Title of signatory official)