

COASTAL REGIONAL COMMISSION
AREA AGENCY ON AGING

PROPOSAL FACE SHEET

Offeror Proposes the Following Service: (each proposal submitted must have its own Face Sheet (Check One Box)

- Community Care Services Program – Care Coordination
 Adult Day Care/Mobile Adult Day Care Home
 Delivered Meals/ Congregate Meals
 Homemaker/Personal Care Assistance/Respite Care
 GeorgiaCares Program
 Elderly Legal Assistance Program
 Money Follows the Person

Name of Organization:

Physical Address:

Mailing Address (if different)

Primary Contact Person (name & title):

Telephone:

FAX:

Email Address:

Federal Tax ID#:

Type of Organization: Public Private Non-Profit Private Proprietary Minority

Person legally authorized to act for agency:

Name: _____ **Title:** _____

Signature of person legally authorized to act for agency: _____

Date: _____

Mail Proposal Package to:
Dionne Lovett, Aging Services Director
Coastal Regional Commission
1181 Coastal Drive SW
Darien, GA 31305