**Exhibit A**

COVER SHEET

Winter Services for People Experiencing Homelessness in Portland, OR

Applications dueat PHB by Friday, October 1st*,* 2010 at 3:00 p.m.

**Name of Organization:**

**Address:**

**www: Contact Person:**

**Telephone: E-mail:**

**Check which of the Required Activities and Eligible Activities you propose to offer and the amount of funds you are requesting for each one:**

\_\_\_ Emergency Shelter (Required) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Neighborhood Outreach and Relations (Required) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Housing Placement and Rent Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Day Services $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Transportation Assistance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Coordination with Supportive Services $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any partnering organizations that will assist in service delivery:**

The undersigned certifies that the information provided herein, to the best of his or her knowledge, is true, complete, and accurately describes the proposal.

**Signature of Proposer’s duly authorized representative:**

Date:

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_