



Proposal Cover Page

Procurement Technical Assistance Center Name:	
Name and Address of Applicant:	
FTI Number:	
Contact Person:	
Title:	
Telephone Number:	
Email:	
Area of Coverage: (quadrant and counties)	
List Each Proposed Partner, Contact Person's Name and Telephone Number: (use additional page if necessary)	
Chief Financial Officer for the Host:	
Title:	
Address:	
Telephone Number:	
Email:	

Three (3) copies of the proposal must be received at the following address no later than Friday, September 9, 2016 by 12:00PM. The proposals must be complete at the time of submission.

Mail to:

Sharon Smith, Ohio PTA Centers Lead Office
Ohio Development Services Agency
Office of Business Assistance – PTA Centers Program
PO Box 1001
Columbus, Ohio 43216-1001

Hand Deliver or send courier service to:

Sharon Smith, Ohio PTA Centers Lead Office
Ohio Development Services Agency
Office of Business Assistance – PTA Centers Program
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Columbus, Ohio 43216-1001