# Qualifications Submission Cover Page

NAME OF ORGANIZATION(S):

ADDRESS:

DIRECTOR:

PHONE/FAX #:

EMAIL:

FEDERAL EMPLOYER Identification Number (EIN):

I understand that the San Francisco Department of Homelessness and Supportive Housing (HSH) reserves the right to modify the specifics of this application at the time of funding and/or during the grant negotiation; that a grant may be negotiated for a portion of the amount requested; and that there is no grant until a written grant has been signed by both parties and approved by all applicable City Agencies.

Signature of authorized representative(s):

Name: Title:

Signature: Date:

Name: Title:

Signature: Date:

Submit an electronic PDF file via email to: [maggie.chui@sfgov.org](mailto:maggie.chui@sfgov.org)