

Attachment A

Authorized Applicant and Acceptance Form

Applicant Information

Applicant: Community	
City or Town Name:	Street Address (Mailing address):
City/Town:	State/Zip Code:
Municipal Representative (Primary Point of Contact)	
Name/Title:	Signature:
Telephone:	Email:
Additional External Review Team Participant 1	
Name/Title:	Signature:
Telephone:	Email:
Additional External Review Team Participant 2: (Not Applicable for group proposals)	
Name/Title:	Signature:
Telephone:	Email:
Organization/Individual who compiled this Application (If not the Municipal Representative noted above)	
Name/Title:	Signature:
Telephone:	Email:
List any Communities partnering together on this Application:	

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Applicant Acceptance

The undersigned is the Chief Executive Officer of the Applicant listed below. The Chief Executive Officer is defined as the manager in any city having a manager, and in any town having a city form of government, the mayor in any other city, or the board of selectmen in any other town unless some other officer or body is designated to perform the functions of a chief executive officer under the provisions of a local charter or laws having the force of a charter.

The Applicant has read and understands the RFA requirements. The undersigned acknowledges that all of the terms and conditions of the RFA are mandatory.

The Applicant understands that all materials, submitted as part of the application are subject to disclosure under Rhode Island Law. The Applicant acknowledges that this RFA does not commit OER to award any funds, pay any costs incurred in preparing an application, or procure or contract for services or supplies. OER reserves the right to accept or reject any or all applications received, negotiate with all qualified applicants, cancel or modify the RFP in part or in its entirety, or change the application guidelines, when it is in its best interests.

The Applicant understands that, if selected by OER, the Applicant and OER will send via mail a Letter Agreement (see Exhibit C for example) that outlines the and responsibilities of the Community during the program.

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I certify that the statements made in this application, including all attachments and exhibits, are true and correct to the best of my knowledge.

Community	
Printed Name of Chief Executive Officer:	
Signature of Chief Executive Officer:	
Date:	