



**EXHIBIT A  
PROPOSAL COVER PAGE**

Project Name

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Organization Name

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Organization Type

- Federally recognized Tribe
- California State Indian Tribe
- Public agency
- Local or state agency/special district
- Resource Conservation District
- Non-profit organization
- Public utility
- City or Town
- Other: \_\_\_\_\_

Contact Name/Title

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Organization Address (City, County, State, Zip Code):

\_\_\_\_\_

Authorized Representative (if different from the contact name)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Certification of Authority

By signing below, the person executing the certificate on behalf of the proposer affirmatively represents that s/he has the requisite legal authority to do so on behalf of the proposer. Both the person executing this proposal on behalf of the proposer and proposer understand that the NCRP is relying on this representation in receiving and considering this proposal. The person signing below hereby acknowledges that s/he has read the entire Request for Proposals document and has complied with all requirements listed therein.

Official Authorized to Sign for Proposal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date