

Leeward Homeless Initiative - Provider Application Form

Provider Information

Company / Organization Name																
Address (Street, City, State, Zip Code)																
Phone	Fax															
License Type (If Applicable)	License Number (If Applicable)															
Contact Person																
Email																
<p>Provider Type:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> Consultant</td> <td><input type="checkbox"/> Contractor</td> <td><input type="checkbox"/> Developer</td> <td><input type="checkbox"/> Faith Based</td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Non-profit</td> <td><input type="checkbox"/> Service</td> <td colspan="2"><input type="checkbox"/> Supplier - Equipment</td> </tr> <tr> <td><input type="checkbox"/> Supplier - Material</td> <td><input type="checkbox"/> Trust</td> <td colspan="3"><input type="checkbox"/> Other (Describe)</td> </tr> </table>		<input type="checkbox"/> Commercial	<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Developer	<input type="checkbox"/> Faith Based	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Service	<input type="checkbox"/> Supplier - Equipment		<input type="checkbox"/> Supplier - Material	<input type="checkbox"/> Trust	<input type="checkbox"/> Other (Describe)		
<input type="checkbox"/> Commercial	<input type="checkbox"/> Consultant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Developer	<input type="checkbox"/> Faith Based												
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<input type="checkbox"/> Supplier - Material	<input type="checkbox"/> Trust	<input type="checkbox"/> Other (Describe)														

Service Information

Description of Proposed Service (Include quantities)	
<input type="checkbox"/> Buildings / Facilities <input type="checkbox"/> Conceptual <input type="checkbox"/> Construction <input type="checkbox"/> Equipment <input type="checkbox"/> Financial Support	
<input type="checkbox"/> Materials <input type="checkbox"/> Services / Labor <input type="checkbox"/> Real Property / Land <input type="checkbox"/> Other	
<p>Conditions / Stipulations to Proposal / Offer (Please describe)</p> <input type="checkbox"/> No Cost <input type="checkbox"/> Cost <input type="checkbox"/> Tax Incentive <input type="checkbox"/> Time Constraint <input type="checkbox"/> Other	

Additional sheets may be attached, as needed.

Authorized Representative: This form has been prepared under my direction.

Print Name (First, Last)	Title
Signature	Date