

**City of Dallas  
Office of Community Care**

**Exhibit 3**

**ORGANIZATION INFORMATION**

|  |                   |
|--|-------------------|
| <b>1. Legal Name of Organization:</b><br><b>Mailing Address (if different from physical address):</b><br><br><b>CONTACT PERSON:</b> <span style="float: right;"><b>PHONE:</b></span><br><br><b>TITLE:</b><br><br><b>E-Mail:</b> <span style="float: right;"><b>FAX:</b></span>   |                   |
| <b>2. PROGRAM TITLE:</b>   |                   |
| <b>3. APPLICANT'S ORGANIZATIONAL STRUCTURE: (Check applicable box)</b><br><br><input type="checkbox"/> <b>Public Agency</b> <input type="checkbox"/> <b>Private, Non-profit</b> <input type="checkbox"/> <b>Private, For-profit</b><br><input type="checkbox"/> <b>Partnership or Joint Venture</b> <input type="checkbox"/> <b>Other:</b>   |                   |
| <b>Organization Federal Tax ID Number:</b>   |                   |
| <b>4. AGENCY APPROVAL:</b> By signing below, Organization certifies that Organization has read the entire RFA and provided true and correct information in Organization's Application submission. Additionally, Organization certifies that the agency will be able and willing to comply with the insurance and indemnification requirements set out in the RFA, if selected. The signer of this form certifies that he/she is authorized to bind the Organization. |                   |
| <hr/> <b>Signature of Authorized Individual</b><br><br><b>Typed Name and Title of Authorized Individual</b>  | <hr/> <b>Date</b> |
| <b>5. Attach copy of Articles of Incorporation, By-Laws</b>  |                   |
| <b>6. For non-profit organizations, attach copy of IRS letter of tax exempt status</b>   |                   |
| <b>7. Attach a copy of minutes from last three (3) most recent Board of Directors meetings</b>   |                   |