**Exhibit B – Registration Form**

**Innovative Homeless Prevention Coronavirus State and Local Fiscal Recovery Fund**

This form and all questions or other inquiries regarding this RFP must be emailed to:

NOFAS@end-homelessness.org

The purpose of this registration form is to have one official contact for each interested organization. As organizations ask questions (send them to the above email address before the deadline outlined in the RFP), they will be compiled into a Question & Answer document and emailed to registered organizations’ official contact person. Additionally, if there are any addendums to the RFP or other correspondence, that will be sent to the registered organizations’ official contact person.

|  |  |
| --- | --- |
| **DATE:** |  |
| **ORGANIZATION NAME:** |  |
| **MAILING ADDRESS:****CITY, STATE, ZIP CODE:** |  |
| **OFFICIAL CONTACT PERSON’S INFORMATION** |
| **NAME:** |  |
| **TITLE:** |  |
| **EMAIL:** |  |
| **PHONE NUMBER:** |  |
| **SIGNATURE:** |  |