PROPOSAL COVER SHEET

RFP# WIOA-ONE-STOP OPERATOR – 3-3-2021

Organization Name:

Street Address:

Mailing Address:

Contact Person:

Title of Contact Person:

Telephone: **Email:**

DUNS # (if applicable): **Business License #** (if applicable):

Which of the following best describes your organization?

- ☐ Private Non-Profit Organization
- ☐ For Profit Organization
- ☐ Local Government Agency
- ☐ Other:

The following proposal is hereby submitted in response to the RFP number above.

CERTIFICATION: I certify that the information contained in this proposal fairly and accurately represents this entity, its operating plans, and its budget necessary to conduct the proposed WIOA employment, training and services program activities described herein. I acknowledge that I have read and understand the requirements of the RFP and that this entity is prepared to implement the proposed activities as described herein. I further certify that I am authorized to sign this proposal and any resulting contractual agreement on behalf of the entity submitting this proposal.

_____ _____

SIGNATURE of Signatory Official Date

_____

Printed NAME and JOB TITLE of Signatory Official