

Application Signature Sheet

OFFEROR: _____

ORGANIZATION NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

EMAIL: _____

TYPE OF AGENCY: () Government () Private Non-profit
() School District () Private-for-profit

ACTIVITY DESIGNATION:

Youth Program

() Eligibility Determination
() Case Management

TYPE OF CONTRACT PROPOSED: () Cost Reimbursement

CERTIFICATION:

This information contained in the proposal fairly represents the Agency/Organization/Business and its proposed operating plans and budget for the specified WIOA activity. I acknowledge that I have read and understand the requirements of the Request for Proposal and that the Agency/Organization/Business is prepared to implement the activity as specified in this proposal. I certify that I am authorized to sign this application on behalf of the Agency/Organization/Business submitting this application. This request is firm for a period of at least 90 days from the closing date for submission.

Signatory Official/Title Date