Form B
Proposal Cover Sheet

OFFEROR:

ORGANIZATION NAME: _____

ADDRESS: _____

_____

TELEPHONE: _____FAX: _____

CONTACT PERSON: _____

EMAIL:_____

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

ACTIVITY DESIGNATION:

( ) OneStop Operator
( ) Title I-B Program Authorized under WIOA (Adult and DW Program)
( ) On-the-Job Training Coordination

TYPE OF CONTRACT PROPOSED: ( ) Cost Reimbursement
( ) Fixed Price
( ) Hybrid

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 Offeror 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 Bidder 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