

WORKSOURCE SOUTHWEST GEORGIA WIOA ONE-STOP OPERATOR – RFP RESPONSE PACKAGE COVER SHEET

Organization Name:

Street Address:

Mailing Address:

Contact Person(s):

Title of Contact Person(s):

Telephone Number(s):

Fax Number(s): **Email:**

Check the box that most appropriately describes your organization

Unit of Local Government
 Private Non-Profit Organization
 For Profit Organization
 Other

Proposed Services Period: Start Date: End Date:

If the organization is owned or controlled by a parent company, please specify:

Summary of Proposed Budget:

TOTAL COST PROPOSED	<input style="width: 95%; height: 20px;" type="text"/>
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Are funds from other funding sources being requested in order to implement this proposed WIOA Program?
 Yes No

If the answer to the above question is 'yes', please complete the following information to indicate sources, amounts and expected dates of funding approval. Provide an explanation of how the other funding source(s) will be used in the WIOA program.

Other Expected Funding Sources	Expected Amount	Expected Date of Approval
Total Other Funds Expected		

CERTIFICATION: I certify that the information contained in this proposal, fairly represents this entity and its operating plans and budget necessary to conduct the proposed WIOA One-Stop Operator services described herein. I acknowledge that I have read and understand the requirements of the Request for Proposal (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 contractual agreement emanating there from on behalf of the entity submitting the proposal.

_____/_____
SIGNATURE of Signatory Official **Date**

Typed or Printed Name and Job Title of Signatory Official