

ATTACHMENT B – Proposal Cover Page

Workforce Innovation and Opportunity Act (WIOA) ADULT AND DISLOCATED WORKER PROGRAM SERVICES

Submission Date:

Organization Name:

(If consortium list collaborators):

Address:

Proposal Contact:

Phone:

Email:

Website:

Dollar Amount Requested:

Request Summary:

I hereby declare that the information provided in this RFP response is accurate, valid and a full disclosure of requested information. I am fully authorized to represent the organization(s) listed above and act on behalf of in all matters relating to the RFP. Additionally, I will comply with all RFP provisions and associated contract assurances upon successful award.

Proposal Contact Signature: _____

Date: _____

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