



## Attachment A: Cover Sheet

Please complete this **mandatory** cover sheet accordingly.

Organization Name				
Address				
Phone Number				
Number of Years in Business				
FEIN #				
DUNS #				
Acknowledgement that Proposing Entity is up-to-date on taxes and not currently debarred or suspended.			YES	NO
Type of Organization (check all that apply)	<input type="checkbox"/>	Higher Education	<input type="checkbox"/>	Private
	<input type="checkbox"/>	Community-Based Org.	<input type="checkbox"/>	Business Organization
	<input type="checkbox"/>	Government Agency	<input type="checkbox"/>	Other (explain)
	<input type="checkbox"/>	Labor Organization		
	<input type="checkbox"/>	Non-Profit		
	<input type="checkbox"/> Employment Service State Agency (Wagner-Peyser)			
Contact Person				
Contact Person's Email Address				
Signatory Authority Signature				

**Please indicate which contract your organization is pursuing:**

\_\_\_\_\_ Component #1 – Staffing to the Board and One-Stop Operator

\_\_\_\_\_ Component #2 – Adult & Dislocated Worker Service Provider

\_\_\_\_\_ Both

**Proposed Budget Amount:**

\_\_\_\_\_ Component #1 – Staffing to the Board and One-Stop Operator

\_\_\_\_\_ Component #2 – Adult & Dislocated Worker Service Provider