



## 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
Acknowledgment that the NMTLWDB reserves the right to review and request further information regarding the respondent's financial situation, if not sufficiently outlined in the submitted audit(s).		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 – One-Stop Operator

\_\_\_\_\_ Component #2 – Title I Service Provider

\_\_\_\_\_ Both

**Proposed Budget Amount:**

\_\_\_\_\_ Component #1 – One-Stop Operator

\_\_\_\_\_ Component #2 – Title I Service Provider