

COVER PAGE

ATTACHMENT A

This must be the first page of the proposal

NAME OF ORGANIZATION:

MAILING ADDRESS:

CONTACT/TITLE:

TELEPHONE #:

FAX #:

EMAIL ADDRESS:

AMOUNT REQUESTED:

PROPOSED SERVICES:

COUNTY	# IN SCHOOL SERVED	# OUT OF SCHOOL SERVED	COST PER

SUBCONTRACTOR/PARTNER ORGANIZATIONS:

I, _____, certify that, as the official representative for the organization named above, I have read the Summer Youth Employment Program Request for Proposal including the evaluation and technical review criteria. I have also read the submitted proposal and agree that the information presented is an accurate representation of the activities and/or services to be provided to the EAWDB. I agree to the terms and certifications required of service providers by Eastern Area Workforce Development Board. I further certify that to the best of my knowledge the organization on whose behalf this proposal is submitted has not been disqualified from submitting a proposal. All documents submitted are originals or copies of unaltered originals and are current. All proposed costs for services are good for 180 days from the signature date on this proposal. All principal parties to this proposal have been named and the attached proposal was completed without any collusion with any other person(s) or entity(s) submitting a proposal pursuant to this RFP.

SIGNATURE: _____

NAME & TITLE:

DATE