**Form A**

**Workforce Development Board of Solano County’s**

**Proposal Application And Cover Sheet**

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| **Legal Name of Agency/Firm:** |  |
| **Agency DBA (if applicable):** |  |
| **Project Name:** |  |
| **Contact Name:** |  |
| **Phone No.** |  |
| **Fax No.** |  |
| **Email Address:** |  |
| **Location of Services:** |  |
| **Federal ID No.** |  |
| **State No.** |  |

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| --- | --- |
| **Agency Status (please check one):** | Public |
|  | Government |
|  | Private Non-Profit |
|  | Private for Profit |
|  | Faith Based Organization |
|  | Other: |
| **Years in Operation:** |  |

In compliance with this RFP, and subject to the conditions thereof, the undersigned verifies the information provided in this proposal is complete and accurate; proposes to furnish the services stipulated; certifies s/he has read, understands and agrees to all terms and conditions as well as requirements of this RFP; and is authorized to contract on behalf of the firm/agency.

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Signature of Authorized Representative

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| --- | --- | --- |
| Title |  | Date |