**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

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