

**Form A**

**Workforce Development Board of Solano County's  
Proposal Application And Cover Sheet**

**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.** \_\_\_\_\_

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

**Years in Operation:** \_\_\_\_\_

In compliance with the RFP # FY-23-004, 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.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date