

**Form E**

**Workforce Development Board of Solano County's**  
**Acknowledgement Form**

The selected vendor/organization that will be awarded the contract is required to provide the following information prior to the approval and execution of the final agreement.

Recipient Name \_\_\_\_\_ (which must match the name associated with its SAM (System for Award Management) Registration)

Recipient SAM Unique Entity ID number: \_\_\_\_\_

SAM Registration expiration date: \_\_\_\_\_

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA): \_\_\_\_\_

\_\_\_\_\_

Please acknowledge your organization can provide this information if awarded the contract, if not provided above.

Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_