9.1 FORM #1: PROPOSAL COVER STATEMENT RFP #1225

 Program: WIOA Adult Pre-Apprenticeship Training

|  |  |
| --- | --- |
| **A. Name of Organization** |  |
| **B. Address and Website:** |  |
| **C. Name/Title of Contact Person(s)** |  |
| **D. Phone/E-mail of Contacts** |  |
| **E.** **FEIN #**(Federal Employer Identification Number) |  |
| **F.** **Unique Entity ID (UEI) #** |  |
| **G. Are you MBE/WBE certified?**(Minority Business Enterprise / Women’s Business Enterprise) | Yes No Certifying Agency:  |
| **H. Proposed Program Service Delivery Area(s)/Location(s)** | East/Far East County 🗖 West County 🗖 Central County 🗖  |
| **I. Number of participants:**  |  |  |  |
| **J. Number of Partnering Organizations:**  |  | **Total Funds Requested** |  |
| **K. Type of Organization:**  □ for-profit □ non-profit □ public agency  |
| **L.** **Provide a brief synopsis of the proposed program. Your synopsis is limited to this space:** |

AUTHORIZATION

We submit the attached response to the Notice of Request for Proposal No. 1225 dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and all attachments and declare that: If this Response is accepted by the Board of Supervisors of Contra Costa County, we will enter into a standard contract with Contra Costa County to provide all work specified herein at the costs, which we have proposed, or in accordance with modifications required by Contra Costa County. Funds obtained through this contract will not be used to supplant funding for other programs operated by the bidder/contractor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Authorized Representative /Title Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Authorized Representative /Title Date*