

Comprehensive One-Stop Center and Business Services

PROPOSAL COVER SHEET

Organization Name: _____

Address: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Note: Notifications regarding this procurement will be sent to the above-mentioned email address.

Please Check Appropriate Box:

Respondent must indicate either an address or a general identification of the site within the region(s) where the Center(s) will be located:

Region: _____

Site Location: _____

Is Respondent willing to operate at a site(s) or region(s) OTHER than the one proposed and is willing to relocate? Yes No

Federal ID #:

Comprehensive One-Stop Center including Business Services		
Funding Requested for Above Services:	\$	
Number of customers served:	Registered	Universal Access
Number of businesses to be served:		
Lowest funding acceptable to operate Comprehensive Center:	\$	
Number of customers able to be served at lowest acceptable funding level:	Registered	Universal Access
Number of businesses able to be served at lowest acceptable funding level:		

Rapid Response Services	
Estimated Number of businesses to be served:	

By signing this proposal, Corporate Officer or Public Officer certifies that no representative of the corporation has exerted any undue influence on the procurement process, violated any federal or state procurement, conflict of interests or ethics law in seeking funding for this proposal.

Corporate Officer Signature: _____

Print/Type Name and Title: _____

Date: _____

Check all applicable: Corporation For-Profit Organization Labor Organization
 Community-Based Organization Sole Proprietorship Partnership Not-for-profit
 State Agency Other Public Agency (specify): _____ Other: