**Cover Sheet**

Name of Organization:

Address:

City: State: Zip Code:

Contact Person: Title:

***(Note: Principal Contact Person must be someone knowledgeable about the proposal and the program.)***

Phone: FAX: E-mail:

Title of Proposed Project:

## Models \*Check only one Model – If submitting a proposal for Model 1 and Model 2 (A) & (B), please clearly indicate in the body of your proposal delineations in Model 1 and Model 2 (A) & ( B)

Model 1 Intake/Orientation

Model 2 (A) & (B)

(A) Worksite Activities with Skills Training Related Directly to Employment/Paid Work Experience/Community Service Activities

(B) Job Search/Job Readiness and Placement Services

**B. Program Information**

Total Number of Participants to be served:

Budget Total (from Budget Summary):

\*\*Cost per Participant (from Budget Summary):

Number of hours of activity per week: 20 or 30

Start Date: End Date:

## Legal Information

Is your organization incorporated? Yes­­­ No Federal Tax ID #:

Is your organization: For-profit Non-profit - if nonprofit, is it a 501c? Yes No

(If not incorporated, name and Federal Tax ID # of the legal entity that will act as fiscal and administrative agent)

Administrative agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal Tax ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization a qualified Minority or Women Owned Business Enterprise? Yes No

*Note: Bidders may elect to enter information directly on the form by requesting an electronic version. \*Bidders must submit a separate proposal for each model and population to be served.*

*\*\*Project Budget divided by number of proposed participants*