

**ATTACHMENT A**  
**WorkSource Montgomery**  
**2021 – 2022 WIOA Youth Request for Proposal Due**  
**Date: April 30, 2021 5:00 pm EDT**

**PROPOSAL COVER SHEET**

Name of Organization:

Mailing Address:

Contact Person Information

Name:

Email:

Phone:

Agency Status

☐ Public Non-Profit Corporation

☐ Private Non-Profit Corporation

☐ Private For-Profit

☐ Government

Other: (specify)

Years in Operation:

Minority Business Enterprise Status:      Yes      No (If Yes, Provide Documentation as Attachment N)

Proposal Budget Summary	Proposed Cost	% of Total
Proposer Program Costs		
Work Experience Costs		
Subcontractor Costs		
General & Administrative or Indirect Costs		
Profit (if proposer is a for-profit entity)		
Total		

\*Disclosure of Financial or Other Relationship with the WSM Board Members or Staff: Please Identify Names and Title Below (add an additional sheet if necessary). Check here if none: ☐

Name(s) & Title(s) of individual(s) with relationship with WSM Board/Staff Member:

To the best of my knowledge and belief, all information in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the attached assurances if the assistance is awarded.

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

\_\_\_\_\_  
Date

Name and Title of Authorized Representative:

Telephone: