

ATTACHMENT A
WorkSource Montgomery
2025 – 2026 WIOA Youth Request for Proposal Due
Date: March 14, 2025 5:00PM EST

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: