PROPOSAL COVER SHEET

Southern Georgia Workforce Investment Board Contract Period July 1, 2020 through June 30, 2021

Name of organization.			
Mailing Address:			
Contact Person:		Title:	
Telephone		Fax:	
E-mail:			
Program/Activity:			
Amount Requested:			
DUNS #:			
Check all that apply:	Minority owned	Female	Less than 500 employees

DISCLOSURE OF FINANCIAL RELATIONSHIP

Do you have any type of financial relationship with a WDB Board or a SGRC Staff Member?

No Yes If Yes, Name & Title of Person:

Name of Organization:

ACCEPTANCE OF THE CONDITIONS OF THE REQUEST FOR PROPOSAL PACKAGE

(Agency name) does hereby accept all the terms of the Request for Proposal Package and I certify that to the best of my knowledge and belief, the cost data in this proposal are accurate, complete, and current.

Typed or Printed Name of Authorized Person:

Signature of Authorized Person:

Date: