**Attachment A – Cover Sheet**

**Request for Proposals Cover Sheet**

**Shenandoah Valley Workforce Development Board**

**Virginia Career Works Harrisonburg & Winchester Center One Stop Operator Services**

|  |  |
| --- | --- |
| Name of Lead: | Click or tap here to enter text. |
| Agency/Organization: | Click or tap here to enter text. |
| Street Address: | Click or tap here to enter text. |
| City, State, Zip: | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text.\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email: | Click or tap here to enter text.\_\_\_\_\_\_\_\_\_ |

By my signature below, I attest that I have read the Request for Proposals (RFP) for the service named above, and that to the best of my knowledge and belief, all information in this application is true and correct, that the proposer understands and accepts all requirements and procedures stated therein, that the document has been duly authorized by the governing body of the proposer, and that the proposer will comply with all program guidelines and regulations if funding is awarded.

|  |  |
| --- | --- |
| Organization:(Legal Name and Address) | Authorized Signatory: |
| Name: | Click or tap here to enter text. | Name: | Click or tap here to enter text. |
| Street Address: | Click or tap here to enter text. | Title: |  Click or tap here to enter text. |
| City, State, Zip: |  Click or tap here to enter text. | Signature: |   |
| Phone: | Click or tap here to enter text. | Date: |   |

**For Office Use Only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of SVWDB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] One (1) Unbound Original Copy [ ] One (1) Flash Drive Containing Electronic Copy