ATTACHMENT A

WIOA SERVICE PROVIDER APPLICATION COVERSHEET

Organization: _____	Federal Tax ID Number: _____
Name: _____	State Tax ID Number: _____
Address:	UEID Number:
Organization Contact:	
Phone	
Fax:	
Email:	
Fiscal Agent/Address:	Contract Signer's Name:
Fiscal Contact Name:	Contract Signer's Address:
Phone	Phone
Fax:	Fax:
Email:	Email:

Ensure all components of the RFP response are included in the application packet by utilizing the checklist below. Proposals that fail to include all items will be considered incomplete and will not be reviewed.

REQUIRED DOCUMENTS

☐ **Attachment A:** Application Coversheet completed and signed.

☐ **Proposal Narrative**

☐ **Budget, Budget Narrative, and Cost by Services Narrative**

☐ **Required Attachments:**

a. **Insurance Documentation**
b. **Resumes of Key Staff**
c. **Certification Regarding Debarment**
d. **Certification Regarding Lobbying**

One original package containing all above-mentioned documents should be signed and electronically sent to Info@laneworkforce.org by 3:00 p.m. on April 19, 2021. A signed copy of the Application Cover Sheet (Attachment A) shall be included in the packet and sent at time of submittal.

_____	_____	_____
Typed Name	Signature	Date