PROPOSAL COVER SHEET

Southern Georgia Workforce Investment Board
Contract Period: July 1, 2023 - June 30, 2024

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:

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: