APPENDICES

APPENDIX A - Proposal Cover Sheet

RFP # DBEA-2022-06
BEA Vibrant, Inclusive and Prosperous (VIP) Workforce Program

Organizations Name:	
Street Address:	
Mailing Address:	
Contact Person(s):	
Title of Contact Person(s):	
Telephone Number(s):	
Email Address(s):	

Check the box that most appropriately describes your organization:

☐Unit of Local Government	☐Private Non-Profit Organization
☐For Profit Organization	☐Business Association
☐Other:	

CERTIFICATION: I certify that the information contained in this proposal, fairly represents the entity named above and its capacity to conduct the proposed delivery of WIOA Adult services as described herein. I acknowledge that I have read and understand the requirements of the RFP and that this entity is prepared to implement the proposed activities if selected for contract. I further certify, by my signature below, my authority to sign this proposal and any contractual agreement emanating there from on behalf of the entity submitting the proposal.

_____ /_____
(SIGNATURE of Authorized Official) Date

_____
(Printed NAME and JOB TITLE of Authorized Official)

BEA and its programs are equal opportunity employers/programs. Auxiliary aids and services are available upon request by individuals with disabilities. New Hampshire Relay Service – 711