

**MICHIGAN WORKS! SOUTHWEST AREA**  
One-Stop Service Center Operator  
for Branch, Calhoun, Kalamazoo and St. Joseph Counties  
**Cover Sheet/Proposal Certification**

RFP ID

Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person Name \_\_\_\_\_  
Title \_\_\_\_\_ E-mail: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Organization: (✓one)       Private for Profit       Private non-Profit       Government

System for Award Management      Expiration Date: \_\_\_\_\_  
<https://www.sam.gov>

**The following documents are transmitted to the Michigan Works! Southwest Agency:**

- Form A      Cover Sheet/Proposal Certification  
                 Risk Assessment Materials
- Form B      Narrative Response - Statement of Work
- Forms      Budget Summary and Detail Worksheets (multiple tabs), for OS Operator  
C1-C3
- Form C4      Expenditure, Enrollment and Termination Projections
- Form C5      Budget Narrative
- Form D      Conflict of Interest

**Proposal Certification**

(NOTE: The individual signing the application below must have authority to enter into contracts on behalf of the applying organization.)

The undersigned certifies that to the best of my knowledge and belief the data presented in this application is complete, accurate and current at the time this proposal is being submitted for consideration. I further certify that this agency will comply with the provisions stated and/or referenced in the Proposal Instructions and that non-responsive applications, as determined by the Michigan Works! Southwest Workforce Development Board, may not be reviewed for considerations.

.....  
**Signature of individual authorized to bind the proposing agency in contract**

.....  
**Name and Title (Printed)**

**Date** .....