

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

RFP ID

2026-2

Organization Name _____
Address _____

Contact Person Name/Title _____
Email _____
Telephone _____

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

System for Award Management SAM ID# _____ 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
- Form C1 Budget Summary
- Form C2 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.

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Signature of individual authorized to bind the proposing agency in contract

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Name and Title (Printed)

Date