

MICHIGAN WORKS! SOUTHWEST AREA
WIOA Adult and Dislocated Worker Services
Cover Sheet/Proposal Certification

RFP ID

Organization Name _____
Address _____

Contact Person Name _____
Title _____ E-mail: _____
Telephone _____

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
- Form B Performance Objectives
- Forms C-1-2 Budget Summary and Detail Worksheets (multiple tabs on each)
- Form C-3 Budget Narrative
- Form D Narrative Response - Statement of Work
- Form E Conflict of Interest

Attachments to Proposal Response
Staffing Descriptions, Resumes, Organizational Structure
Program Design Flow Chart (Design and attach)

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. This proposal may be signed in counterparts and delivered in .pdf form or other electronic format, and in any such circumstances, shall be considered one document and an original for all purposes.

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Signature of individual authorized to bind the proposing agency in contract

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Name and Title (Printed)

Date