**NOVAworks WORKFORCE BOARD**

**ADULT AND/OR DISLOCATED WORKER SERVICES RFP**

Proposal Summary Form

**Proposing Entity Information:**

|  |
| --- |
| Legal Name: |
| Fiscal Agent, if Applicable: |
| Address: |
|  |
| Contact: |
| Telephone: |
| Fax: |
| Email: |

Projected Minimum Number of Individuals to be Enrolled:

 Adults Dislocated Workers

Amount Requested: **Adult $ Dislocated Worker $ Total $**

Proposed Service Area (cities or portions thereof):

**Certification:**

The applicant hereby proposes to provide and deliver services as stated in this proposal.

The applicant certifies that the signatory below is a duly authorized representative of the applicant organization and is fully authorized to submit and sign proposals; that the cost data contained herein are accurate, complete and current; and that the applicant organization is fully capable of fulfilling its obligation under this proposal as stated herein.

Name and Title of Authorized Representative (typed)

Signature of Authorized Representative Date