**NOVAworks Workforce Board**

**HUMAN RESOURCE HOTLINE SERVICES RFP**

Proposal Summary Form

**Proposing Entity Information:**

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

Type of Organization (public, for profit, or non-profit):

If you are a non-profit agency, please attach a copy of your current Board of Directors list that shows affiliations of each board member.

Total Cost Requested:

**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