# Attachment A: Proposal Cover Sheet

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Funds Requested:  **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed site (Chester or Media): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY STATUS**: (*Check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Non-Profit |  | For-Profit |
|  | Corporation |  | Partnership |
|  | Governmental |  | Local Education Agency |
|  | Labor Union |  | Business or Trade Organization |
|  | Labor Management Organization |  | Industry Association |
|  | Private Licensed School by Pa. Dept of Ed |  | Community-Based Organization |

Number of Years in Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal I.D. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years operating the program model being proposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of years operating the same or similar model being proposed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***In compliance with this RFP format, and subject to the conditions thereof, the undersigned offers to furnish the services requested and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named above.***

|  |  |  |
| --- | --- | --- |
| Contractor (Agency) |  | Date |
| Printed Name & Title of Authorized Signatory |  | Signature of Authorized Signatory |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Required Attachments with Proposal, will not count toward page limits** |  | **If awarded a grant, Required Documents with First Invoice** |
|  | Organizational Chart |  | Data entry policy |
|  | Resumes/Job Descriptions of key roles |  | All staff resumes |
|  | Participant Flow Chart |  |  |
|  | Outcomes Chart |  |  |