|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROPOSAL COVER SHEET | | | | |
| **Name of Lead Organization:** | |  | | |
| **Consortium or Single Agency Proposal:** | |  | | |
| **Mailing Address:** | |  | | |
| **Contact Person Name and Title:** | |  | | |
| **Telephone:** |  | **E-mail:** |  | |
| **Name of Fiscal Agent (if different from lead Organization):** | |  | | |
| **ZIP code for lead agency headquarters (if different than the one listed above):** | |  | | |
| **Total Amount of Funds Requested:**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Funding Category and Amount (check all that apply)** | | |
|  | **WIOA Out-of-School Youth** | **$** |
|  | **WIOA In-School Youth** | **$** |
| **Proposal Summary:** *Please summarize your program proposal in a brief paragraph* | | | | |

To the best of my knowledge and belief, all information in this proposal is true and correct, the document has been duly authorized by the governing body of the bidding organization.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | | |
| **Name of Authorized Representative** |  | **Title of Authorized Representative** | | |
|  |  |  | | |
| **Signature of Authorized Representative** |  | **Telephone Number** |  | **Date** |