

REQUEST FOR PROPOSALS: SUBMISSION FORM	
1. Organization Name:	2. Date of Request:
3. Organization Address:	4. Program Address (if different from organization):
5. Federal Tax ID (organization or legal entity):	6. Is the organization minority-owned and/or operated? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the organization have any connection with Philadelphia Works (including its Board of Directors or Youth Standing Committee)?  <input type="checkbox"/> Yes (If yes, explain on a separate sheet.) <input type="checkbox"/> No	8. Has the applicant agency and its staff or director ever been barred from entering contracts with Federal or State government agencies?  <input type="checkbox"/> Yes (If yes, explain on a separate sheet.) <input type="checkbox"/> No
9. Contact person (first & last name):	10. Contract signatory (first & last name):
7a. Contact title:	8a. Signatory title:
7b. Contact phone:	8b. Signatory phone:
7c. Contact email:	8c. Signatory email:
11. Project Title: <i>WIOA Service Delivery Modernization</i>	12. Amount Requested: \$
<b>13. Proposal Checklist:</b>  <input checked="" type="checkbox"/> <b>Cover Sheet</b> <input checked="" type="checkbox"/> <b>Attachment 1 - Project Narrative</b> <input checked="" type="checkbox"/> <b>Attachment 2 – Line-Item Budget &amp; Narrative</b>	
<b>APPLICANT’S CERTIFICATION</b> I certify that all the information provided in this application is both complete and accurate to the best of my knowledge. I also understand that if selected as a provider, I will be required to submit further detailed program and budget information.	
<hr/> <b>Authorized Agency Representative Signature &amp; Title</b> <span style="float: right;"><b>Date</b></span>	