



Attachment A: Cover Sheet

Please complete this **mandatory** cover sheet accordingly.

Organization Name			
Address			
Phone Number			
Number of Years in Business			
FEIN #			
DUNS #			
Acknowledgement that Proposing Entity is up-to-date on taxes and not currently debarred or suspended.		YES	NO
Acknowledgment that the NMTWB reserves the right to review and request further information regarding the respondent's financial situation, if not sufficiently outlined in the submitted audit(s).		YES	NO
Type of Organization (check all that apply)	<input type="checkbox"/>	Higher Education	Private Business Organization Other (explain)
	<input type="checkbox"/>	Community-Based Org.	
	<input type="checkbox"/>	Government Agency	
	<input type="checkbox"/>	Labor Organization	
	<input type="checkbox"/>	Non-Profit	
	<input type="checkbox"/>	Employment Service State Agency (Wagner-Peyser)	
Contact Person			
Contact Person's Email Address			
Signatory Authority Signature			

Please indicate which contract your organization is pursuing:

_____ Component #1 – One-Stop Operator

_____ Component #2 – Adult & Dislocated Worker Service Provider

Priority Preference*:

*If applying for both components, please indicate your priority preference.

Proposed Budget Amount:

\$ _____ Component #1 – One-Stop Operator

\$ _____ Component #2 – Adult & Dislocated Worker Service Provider