



## 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.	<input type="checkbox"/>	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).	<input type="checkbox"/>	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:**

Youth Career Services Provider

\_\_\_\_\_ In-School Youth

\_\_\_\_\_ Out-of-School Youth

\_\_\_\_\_ Both In-School and Out-of-School

**Proposed Budget Amount:**

\$ \_\_\_\_\_ Total Youth Career Services Provider

\$ \_\_\_\_\_ In-School Youth

\$ \_\_\_\_\_ Out-of-School Youth