



VERDUGO WORKFORCE DEVELOPMENT BOARD

Attachment A

Proposal Cover Page

**Verdugo Workforce Development Board
Professional Services: Business Services
Program Year 2017-2018**

Proposer's Entity Name	
Name of Contact Person	
Title of Contact Person	
Email of Contact Person	
Phone Number of Contact Person	
Proposer's Headquarter Address	
Proposed Total Budget	

I certify that the information in this proposal is accurate, valid, and a full disclosure of requested information. I am fully authorized to represent the entity listed above, to act on behalf of it, and to legally bind it in all matters related to this proposal. I certify that the entity can provide the services and can perform the activities described in this application for the cost listed above and detailed in the attached budget.

Typed Name of Authorized Representative

Title of Authorized Representative

Signature

Date

End of Cover Page