

**VERDUGO WORKFORCE DEVELOPMENT BOARD**

**Attachment A**

**Proposal Cover Page**

**Verdugo Workforce Development Board**

**Layoff Aversion Services**

**Program Year 2018-19**

|  |  |
| --- | --- |
| 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 completely true, accurate, correct, 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 ###