

Proposer's Logo (if applicable)
Layoff Aversion Services Proposal

PROPOSER'S NAME (name of firm or organization):

IN-DEMAND INDUSTRY(IES) TARGETED:

FEDERAL EMPLOYER IDENTIFICATION NUMBER:

MAILING ADDRESS:

Street Address:

City, State, Zip:

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

PROPOSER'S ORGANIZATIONAL STRUCTURE:

Corporation Partnership Proprietorship Joint Venture

Other, (explain): _____

If Corporation, Date Incorporated: _____ State Incorporated: _____

States registered in as foreign corporation: _____

ENTITY'S AUTHORIZED SIGNATURE:

Signed: _____

Date: _____

Print Name: _____

Title: _____

Office Use Only

Date of Submission: _____

Time of Submission: _____

Received by (SDWP Staff Member): _____