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# WORKFORCE INVESTMENT ACT

# 2012-2013 YOUTH REQUEST FOR PROPOSAL

# Proposal Cover and Affirmation Form

*This cover sheet must accompany each submitted proposal.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Organization:** | | | | |  | | | | | | |
| **Name of Project:** | | | |  | | | | | | | |
| **Address:** | |  | | | | | | | | | |
| **Telephone:** | | |  | | | |  | **Fax:** |  | | |
| **Email:** |  | | | | | |  | **Website:** | |  | |
| **Amount of Funds Requested:** | | | | | | **$** |  | **Number of Youth to be Served:** | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I affirm that the information provided within this proposal, to the best of my knowledge, is true and accurate. I affirm that I am duly authorized on behalf of the above organization to submit this proposal as well as to enter into a contractual relationship with the San Diego Workforce Partnership. In addition, I ensure that all of the proposal is complete and has been submitted according to the instructions and requirements. I also acknowledge that this proposal will be eliminated from the review process if any of the required information is omitted. | | | | | |
|  |  |  |  |  |  |
|  | **Name** |  |  | **Title** |  |
|  |  |  |  |  |  |
|  | **Signature** |  |  | **Date** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **For Workforce Partnership Staff Only** | | | | | | | |
| **Date Received:** |  | | | **Time Received:** |  | |  |
| **Signed Original:**  YES  No | | | | | | | |
| ***A total of 7 copies and one PDF electronic copy (on a flash memory stick) of the entire proposal package are required.*** | | | | | | | |
| **Number of Copies:** | |  | **Electronic Copy:** | | | ­­­**\_\_\_\_\_\_\_** | |
|  | |  |  | | |  | |