

# Proposal Package Submission Sheet (To be placed on the top of the proposal package)

Date Issued: 4/8/2024

Request for Proposals for  
Workforce Innovation and Opportunity Act (WIOA)  
One-Stop Operator Services

**SUBMITTING AGENCY PLEASE FILL IN THE INFORMATION BELOW**

**A. Agency Name**

**F. Type of Organization:**

Private Non-Profit

Public Non-Profit

**B. Address**

Private for Profit

CBO

School District

**C. Contact Person, Title, and Phone**

Other

**G. Single Entity or Consortium:**

Single

Consortium

**D. Name and Title of Organization's Authorized Signatory**

**If consortium, list partners:**

**E. Federal / Employer I.D. Number**

**H. Proposed total funds requested:**

**FOR WORKFORCE DEVELOPMENT BOARD OF NORTH MISSOURI USE ONLY**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_