Attachment A

Proposal Package Submission Sheet

(To be placed on the top of the proposal package)

Date Issued: 1/6/2026

WIOA Adult & Dislocated Worker

SUBMITTING AGENCY PLEASE FILL IN THE INFORMATION BELOW

A. Agency Name

B. Agency Address

C. Contact Person, Title, and Phone Number

D. Name and Title of Organization's Authorized Signatory

E. Federal / Employer I.D. Number

F. Type of Organization

- ☐ Private Non-Profit
- ☐ Public Non-Profit
- ☐ Private for Profit
- ☐ CBO
- ☐ School District
- ☐ Other

G. Area(s) Proposed to Serve

- ☐ Eastern Sub-Region
- ☐ Western Sub-Region

FOR WORKFORCE DEVELOPMENT BOARD USE ONLY

Date Received:_____ Time Received: _____

Received By: _____