

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

One-Stop Operator Services

Date Issued: 1/6/2026

SUBMITTING AGENCY PLEASE FILL IN THE INFORMATION BELOW

A. Agency Name

F. Type of Organization:

Private Non-Profit

Public Non-Profit

Private for Profit

CBO

School District

Other

B. Address

G. Single Entity or Consortium:

Single

Consortium

C. Contact Person, Title, and Phone

If consortium, list partners:

D. Name and Title of Organization's Authorized Signatory

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: _____