



# REQUEST FOR PROPOSALS

## Nevadaworks Local Workforce Development Area One-Stop Operator

### FORM A

### Cover/Signature Page

Proposer Organization:				
Address:				
Website:				
Type of Organization (Check all that apply)	<input type="checkbox"/>	Non-Profit Organization	<input type="checkbox"/>	Community-Based Organization
	<input type="checkbox"/>	For Profit Business	<input type="checkbox"/>	Faith-Based Organization
	<input type="checkbox"/>	Public Agency	<input type="checkbox"/>	Labor Organization
	<input type="checkbox"/>	Higher Education Agency	<input type="checkbox"/>	Other: (Explain)
Proposal Contact Person:				
Contact Person Phone:				
Contact Person Email:				
Name of Authorized Signatory				
Title of Authorized Signatory				
By signing below, I am certifying that I am authorized on behalf of the organization to provide this information and that the information provided on this form is true and complete to the best of my knowledge.				
Authorized Signature		Date:		