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| **Organization** (Please use **entity legal name**)Click or tap here to enter text. | **UEI** (Unique Entity Identifier)[www.sam.gov](http://www.sam.gov)Click or tap here to enter text. |
| **Organization Type**[ ]  Non-Profit Organization [ ]  Education Institution [ ]  Private Organization [ ]  Other (Please Specify): Click or tap here to enter text.  |
| **COBID Certification, if applicable:** OR Cert ID Click or tap here to enter text.[ ] Minority, Women, or Disadvantaged Business Enterprise (MBE/WBE/DBE)[ ] Emerging Small Business or Service-Disabled Veteran Business Enterprise (ESB/SDVBE) |
| **Contact Person for Proposal**Click or tap here to enter text. | **Phone Number**Click or tap here to enter text. |
| **Street Address** Click or tap here to enter text. | **Mailing Address** (if different)Click or tap here to enter text. |
| **Email Address (for all RFP correspondence)**Click or tap here to enter text. |
| I hereby declare that the information provided herein is accurate, valid and a full disclosure of requested information. I am fully authorized to represent the organization listed above, to act on behalf of it, and to legally bind it in all matters related to this application. |
| **Printed Name**Click or tap here to enter text. | **Title**Click or tap here to enter text. |
| **Signature** | **Date**Click or tap here to enter text. |

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| **Proposal Narrative Package Submission****Instructions:** Check each of the items submitted, per the chart below. Prepare all documents in the order listed and clearly identified.  |
|  | **Proposal Submission Item** | **Reference** | **Email to:****RFP@worksystems.org** |
| [ ]  | Signed Submission Cover Page (This Document) | Resource Document on website | PDF |
| [ ]  | Proposal Narrative | RFP Part VI, Sections A, B, C, DLimit to 5 pages | PDF |
| [ ]  | Budget Narrative Workbook | RFP Part VI, Section EResource Document on website | PDF or Excel |
| [ ]  | Administrative Capacity Response | RFP Part VI, Section FLimit to 4 pages | PDF |
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