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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 Number 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. |
| **Email Address (for all RFP correspondence)** Click or tap here to enter text. | **Street Address**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 Package Submission – email to rfp@worksystems.org****Instructions:** Check each of the items submitted. Submit per the chart below, with all documents in the order listed and clearly identified.  |
|  | **Proposal Submission Item** | **Reference** | **Format**  |
| [ ]  | Signed Proposal Cover Sheet and Submission Checklist | (This Document) Resource Document on website | PDF |
| [ ]  | Proposal Narrative | RFP Part VI, Sections A, B, and CLimit to 10 pages | PDF |
| [ ]  | Fee Schedule Template | RFP Part VI, Section DResource Document on website | Excel or PDF |