

ATTACHMENT E

RESPONSE FORMAT COVER SHEET

WORKFORCE ESCAROSA, INC. dba CAREERSOURCE ESCAROSA
WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
REQUEST FOR PROPOSALS – YOUTH SERVICES
RESPONSE FORMAT COVER SHEET
PROGRAM YEARS 2025 - 2028

COMPANY/AGENCY _____

Address _____
(Office) _____

Phone # _____
Fax # _____

Address _____
(Site) _____

Phone # _____
Fax # _____

Website: _____
Contact Person: _____
Title: _____
Email: _____

Amount Funding Requested: \$ _____

Classification of Agency (Mark “x” for each that applies)

Private Not-for-Profit _____	Community Based Organization _____
Public/Government _____	Incorporated _____
Private For-Profit _____	Sole Proprietorship _____
Minority Owned _____	Female Owned _____

Federal I. D. # _____

If Minority/Female Owned, are you certified as a Minority Vendor? Yes ____ No ____

If yes, by what agency are you certified? _____

Certification Number: _____