**Proposal Cover Sheet**

**Transportation Assistance - EARN & Work Ready 2021**

Lead Applicant (Lead Organization Name):

1. **Contact Information**

Organization Name:

Address:

City: State: Zip Code:

Principal Contact Person: Title:

Phone: Fax: Email:

Fiscal Contact Person: Title:

Phone: Fax: Email:

Executive Director:

Phone: Fax: Email:

1. **Legal Information**

Type of organization: For-profit ☐ Non-Profit ☐ Government ☐ Educational Institution ☐

Federal Employer Identification Number (FEIN):

Organization Name: Contact Person:

Phone: Fax: Email:

Please provide your current [DUNS Number](https://www.dnb.com/duns-number/get-a-duns.html): Please provide your current [CAGE Code](https://cage.dla.mil/):

1. **Requirements / Documents** *(Proposals submitted without these documents will be considered incomplete; please see associated links for more information and instructions as to how to acquire them. Please note that a single copy of all requirements below must be submitted for EACH Partner, in addition to the lead applicant (if applicable)).*
* Registration in the [System for Award Management](https://www.sam.gov/SAM/) (SAM)
* Certificate of Liability Insurance; including Cyber Security Coverage
* Completed Pre-Award Assessment ([complete online](https://docs.google.com/forms/d/e/1FAIpQLSfbeUO2xJXIiNFEB6M5vl8AUdZo7fKr-AJu7dHJOzgqC5SZ-g/viewform))
* Most recent financial audit
* Certificate of Worker’s Compensations Insurance
* W9
1. **Additional Requirements**
* Agree to Use Partner4Work’s Contract Management Software, Parley Pro, for Contract Negotiation
* By submitting your proposal you certify that you are compliant with the following [PA state integrity policy](https://www.health.pa.gov/topics/Documents/Administrative/contractor_integrity_provisions_7-30-10_doc.pdf). If you are not, please submit along with your proposal a written explanation of why such certification cannot be made.
1. **Certifications/Authorization**

I certify that the above-named organization is legally authorized to submit this application, that the contents of the application are truthful and accurate, and that the above-named organization agrees to comply with all requirements of the RFP. Our organization understands this program operates on a reimbursement model, and we are prepared to front costs related to said program until requirements for reimbursement are met and funds are available for reimbursement.

Printed Name of Authorized Representative Title of Authorized Representative

Signature of Authorized Representative Date