# Appendix A – Request for Proposals Cover Sheet

**See webpage for this RFP for fillable version of this form**

**Name of RFP for this Proposal**: Enter text here

Use title of RFP on Partner4Work website

**Lead Applicant**: Enter text here

1. **Contact Information**

Organization Name: Enter text here

Address: Enter text here

City: Enter text here State: Enter text here Zip Code: Enter text here

Principal Contact Person: Enter text here Title: Enter text here.

Phone: Enter text here Email: Enter text here

Fiscal Contact Person: Enter text here Title: Enter text here

Phone: Enter text here Email: Enter text here

Executive Director: Enter text here

Phone: Enter text here Email: Enter text here

1. **Legal Information:** Type of organization (place a check mark (X) in the left column to indicate the type of your organization):

| **Select** | **Type of organization** |
| --- | --- |
|  | For-Profit |
|  | Non-Profit |
|  | Government |
|  | Educational Institution |

Federal Employer Identification Number (FEIN): Click or tap here to enter text.

Please provide your current [Unique Entity ID](https://sam.gov/content/duns-uei):Click or tap here to enter text.

Please provide your current [CAGE Code](https://cage.dla.mil/): Click or tap here to enter text.

**C. Requirements / Documents**

*Proposals submitted without these documents or requirements will be considered incomplete; please see associated links for more information and instructions on 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). Place a check mark (X) in the left column of the table to indicate each of these requirements has been met and your proposal includes supporting documentation.*

| **Check** | **Requirements / Documents** |
| --- | --- |
|  | Registration in the [System for Award Management](https://www.sam.gov/SAM/) (SAM) |
|  | Certificate of Liability Insurance; Including Cyber Security Coverage[[1]](#footnote-0) |
|  | Most recent financial audit |
|  | Certificate of Worker’s Compensation Insurance |
|  | W9 |

**D. Program Type (check all that apply)**

| **Check** | **Program Type** |
| --- | --- |
|  | Career Exploration/ Preparation |
|  | Pathways to Employment and Retention |

**E. Funding Source Requested (check all that apply)**

| **Check** | **Funding Source Requested** |
| --- | --- |
|  | TANF Youth |
|  | WIOA Youth |

**F. Certifications and Signatures**

*Please carefully review the below certifications and assurances. Place a check mark (X) in the left column and complete the signature section to certify the below statements.*

| **Check** | **Certifications and Assurances** |
| --- | --- |
| By submitting this proposal and signing below, I certify and represent to Partner4Work the following: | |
|  | The above-named organization is legally authorized to submit this proposal. |
|  | All submitted proposal materials are true and accurate to the best of my knowledge. |
|  | My organization intends to comply with the terms, conditions, and requirements described in this RFP, if offered a contract. |
|  | My organization understands and agrees to abide by the payment provisions described in this RFP, if offered a contract.[[2]](#footnote-1) |
|  | My organization will use Partner4Work’s Contract Management Software, Parley Pro, for contract negotiation and administration, if offered a contract. |
|  | My organization is 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 not, please submit along with your proposal a written explanation of why such certification cannot be made. |

**Signature required on next page**

**Signature of Authorized Representative**

*By signing below, I certify that I am legally authorized by the organization named herein to submit this proposal and represent the above certifications and assurances on behalf of the organization named herein. I understand that Partner4Work is relying on this representation to effectively conduct the procurement process and develop any agreements that may result from this RFP.*

Name of Authorized Representative: Enter text here

Title of Authorized Representative: Enter text here

Phone: Enter text here Email: Enter text here

**Signature of Authorized Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: Enter text here

1. Comprehensive Commercial General Liability Insurance with limits not less than $1,000,000 per occurrence and Aggregate not less than $2,000,000. Automobile Liability Insurance with limits not less than $1,000,000 per occurrence, combined single limit for bodily injury (including death) and property damage liability covering all owned, non-owned, and hired vehicles. Privacy/Cyber Liability Security Insurance with limits of not less than $1,000,000. [↑](#footnote-ref-0)
2. This program operates on a reimbursement model. Successful bidders must front costs related to the program until requirements for reimbursement are met and funds are available for reimbursement. [↑](#footnote-ref-1)