

PROPOSAL TITLE PAGE

Agency Name:		
Address:		
Agency Telephone No.:		
Contact Person:	Title:	
Contact Telephone No.:	Contact Fax No.:	
Contact Email:	Federal I.D. No.:	
<b>Agency Status</b>		
<input type="checkbox"/> Public Non-Profit	<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Private for Profit
Select one (1) proposal type.	WIOA Title I Youth Services No. 25-01 <input type="checkbox"/>	WIOA Title I Adult and Dislocated Worker Career Services No. 25-02 <input type="checkbox"/>
<b>CERTIFICATION OF PROPOSAL CONTENT:</b>		
<b><u>Duplication of Services and Conflict of Interest</u></b>		
To my knowledge, this proposal does not duplicate services or resources available in the area that are or may be provided by non-WIOA sources. This organization, its members and collaborators are not now and will not in the future be engaged in any activity resulting in a conflict of interest, real or apparent, in the selection, award, or administration of a contract for WIOA funds.		
<b><u>Cost/pricing Data and Proposal Content</u></b>		
This is to certify that, to the best of my knowledge and belief, the cost/pricing data submitted, either actually or by specific identification in writing to the WIB in support of this proposal, is accurate, complete, and current as of the date below. This certification includes the cost/pricing data supporting any agreements/contracts that may be agreed upon between the Respondent and the WIB that are part of the result of submitting this proposal.		
_____	_____	
Signature of Authorized Representative	Date	
_____		
Title of Authorized Representative		