

**Form A  
Cover Sheet**

<b>Agency Name:</b>	<b>FEIN:</b>
<b>Agency Address:</b>	<b>Fiscal Year Dates:</b>

**This RFP is in response to:**

- WIOA Adult and Dislocated Worker
- Business Services Coordinator
- One-Stop Operator

**Agency Type (check all that apply)**

- Government
- Private For-Profit
- Private Non-Profit
- Educational Entity
- County
- Tribe
- Consortium (specify lead agency)
- Other \_\_\_\_\_

<b>Agency Director's Name:</b>	<b>Email:</b>
<b>Program Contact Name:</b>	<b>Email:</b>
<b>Fiscal Contact Name:</b>	<b>Email:</b>
<b>Equal Rights Officer Name:</b>	<b>Email:</b>