Proposal to Deliver Workforce Services to

Adults, Dislocated Workers & Youth/Young Adult

and Provide Business Services to Employers

in the Northern Kentucky Local Workforce Area

and

Affirmations Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During Program Year 2023 (July 1, 2023 – June 30, 2024)

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| --- | --- | --- | --- | --- | --- |
| Name of Proposing Organization: | | | | | |
| Mailing Address (Street, City, State, ZIP): | | | | | |
| Phone Number: | | DUNS # (required): | | | |
| Type of Organization  (non-profit, for-profit, LLC, etc.): | | Year Established: | | | |
| Contact Persons | | | | | |
| Name: | Title: | | | Email: | |
|  |  | | |  | |
|  |  | | |  | |
|  |  | | |  | |
| AFFIRMATIONS: The person signing below affirms that he/she is authorized to submit this proposal on behalf of the proposing entity. The person signing below further affirms that the proposing entity can perform the services as described in the attached proposal and agrees to the Northern Kentucky Workforce Investment Board's terms of service as described in the Request for Proposals to which this proposal responds. | | | | | |
| Signature: | | | | | Date: |
| Printed Name: | | | Title: | | |