**EMPLOY MILWAUKEE**

**PROPOSAL FOR WORKFORCE SERVICES**

**FORM A - COVER SHEETS**

**Agency Identification Form**

**PROPOSER AGENCY INFORMATION**

|  |  |  |
| --- | --- | --- |
| Agency Name | | Contract Period  **July 1, 2017 – June 30, 2020** |
| Agency Address | | FEIN  Agency Fiscal Year  Calendar  Other (If Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_to |
| Agency Type (Check all that Apply)  Government  Private, For Profit  Private, Not for Profit  Corporation  County | Tribe  Consortium – Specify Lead Agency and type)  ­­­­­­­­  Other (Specify) ­­­­­­­­  . | |

**CONTINUED ON NEXT PAGE**

**FORM A – CONTINUED - PROPOSER AGENCY PERSONNEL**

|  |  |  |
| --- | --- | --- |
| **Executive Director’s Name** | Title | Telephone Number |
| Mailing Address | | Fax Number |
| Email Address |
| **Person Responsible for Day to Day Operations** | Title | Telephone Number |
| Mailing Address | | Fax Number |
| Email Address |
| **Chief Financial Officer** | Title | Telephone Number |
| Mailing Address | | Fax Number |
| Email Address |
| **Person Responsible for Equal Rights/Civil Rights Compliance, Limited English Proficiency** | Title | Telephone Number |
| Mailing Address | | Fax Number |
| Email Address |
| **RFP Direct Contact** | Title | Telephone Number |
| Mailing Address | | Fax Number |
| Email Address |