**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  | FEINAgency 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 |