

**FORM A – Agency Identification**

**Agency Identification Form**

**PROPOSER AGENCY INFORMATION:**

**WIOA Title I –**

Agency Name	Contract Period <b>July 1, 2026 – June 30, 2027</b>
Agency Address	FEIN:  Agency Fiscal Year <input type="checkbox"/> Calendar <input type="checkbox"/> Other (If Other) _____ to
Parent Company (If Applicable)	Parent Company Address
Agency Type (Check all that Apply) <input type="checkbox"/> Government <input type="checkbox"/> Tribe <input type="checkbox"/> Private, For Profit <input type="checkbox"/> Consortium – Specify Lead Agency and type) <input type="checkbox"/> Private, Not for Profit <input type="checkbox"/> Corporation <input type="checkbox"/> County <input type="checkbox"/> Other (Specify)	

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

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