**Attachment B**

**PROPOSAL COVER SHEET**

**PROPOSAL TO DELIVER WORKFORCE DEVELOPMENT AND CHILD CARE SERVICES**

**IN THE PANHANDLE WORKFORCE DEVELOPMENT AREA**

|  |  |
| --- | --- |
| **Full Legal Name of**  **Organization Proposing to Serve as the Single Contractor:** |  |
| **Street Address:** |  |
| **Mailing Address:** |  |
| **Telephone Number:** |  |
| **Web Site**  **(if applicable):** |  |
| **Name and Title of**  **Designated Contact:** |  |
| **Mailing Address:** |  |
| **Telephone Number:** |  |
| **E-mail Address:** |  |
| **Organization’s Legal Status and Basis for Doing Business in Texas (corporation, partnership, sole proprietorship, etc.)** |  |
| **Date Status Established:** |  |
| **Is this Organization a Historically Underutilized Business? If “Yes”, include Historically Underutilized Business (HUB) Certificate. Yes  No** | |
| **If your proposal was prepared by a consultant or a consulting firm, provide the name of the organization or individual, mailing address, telephone number and e-mail address.** |  |