

Proposal Cover Sheet/Signature Page

GRIT Summer Programs 2024

Workforce Investment Board | Adams ▪ Brown ▪ Pike ▪ Scioto
951 Vern Riffe Drive
Lucasville, OH 45648

Training Provider: _____
Street address: _____ P.O. Box: _____ City, State, Zip: _____ Phone: _____ Fax: _____
Person authorized to represent the training provider: Name: _____ Title: _____ Phone #: _____ E-mail address: _____
Total Funds Requested \$ _____
Tax, Tax exempt, or non-profit I.D. number: _____ In compliance with the RFQ and subject to the conditions thereof, the undersigned offers to furnish the services requested and certifies he has read, understands, and agrees to all term, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named above. Typed/Printed Name: _____ Signature: _____ Date _____ Title: _____