# Appendix F – EARN and Work Ready Proposals Cover Sheet

**Lead Applicant:** Enter text here.

1. **Contact Information**

Organization Name: Enter text here.

Address: Enter text here.

City: Enter text here. State: Enter text here. Zip Code: Enter text here.

Principal Contact Person: Enter text here. Title: Enter text here.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Enter text here.

Fiscal Contact Person: Enter text here. Title: Enter text here.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Enter text here.

Executive Director: Enter text here.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Enter text here.

1. **Legal Information**

Type of organization (place a check mark (X) in the left column to indicate the type of your organization):

| **Select** | **Type of Organization** |
| --- | --- |
|  | For-profit |
|  | Non-profit |
|  | Government |
|  | Educational institution |

Please provide your current:

Federal Employer Identification Number ([FEIN](https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers)): Enter text here.

Unique Entity ID ([UEI](https://sam.gov/content/duns-uei)):Enter text here.

Commercial and Government Entity ([CAGE](https://www.dla.mil/Working-With-DLA/Applications/Details/Article/2920893/)): Enter text here.

**C. Certifications and Assurances**

*Please carefully review the below certifications and assurances. Place a check mark (X) in the left column to acknowledge the statements in the right column and complete the signature section to certify your responses.*

*If your proposal includes partner organizations, please understand that the below certifications and assurances may also apply to each partner. As the lead applicant, your responses should reflect the understanding and acknowledgment of each partner agency.*

| By submitting this proposal and signing below, I certify and represent to Partner4Work the following: | |
| --- | --- |
| **Check** | **Certifications and Assurances** |
|  | AUTHORIZATION. The above-named organization is legally authorized to submit this proposal. |
|  | ACCURACY. All submitted proposal materials are true and accurate to the best of my knowledge. |
|  | COMPLIANCE. My organization intends to accept and comply with the terms, conditions, requirements and payment provisions described in this RFP, if our proposal is selected and we are offered a contract. |
|  | CONTRACT MANAGEMENT. My organization will use Partner4Work’s Contract Management Software for contract negotiation and administration, if our proposal is selected and we are offered a contract.  Contract templates that may be used for agreements resulting from this RFP can be found at [www.partner4work.org/document/partner4work-contract-templates/](https://www.partner4work.org/document/partner4work-contract-templates/). |
|  | CONTRACTOR INTEGRITY. My organization is compliant with the following [PA state integrity policy](https://www.pa.gov/en/search.html#q=contractor_integrity_provisions_7-30-10_doc.pdf).  If not, please submit along with your proposal a written explanation of why such certification cannot be made. |
|  | SYSTEM FOR AWARD MANAGEMENT (SAM). My organization is [registered](https://sam.gov/content/entity-registration) in the [System for Award Management](https://www.sam.gov/SAM/) (SAM) and our registration is current. If not, I am not aware of any impediment that would prevent my organization from successfully registering.  Please understand that SAM registration may be a condition of award; i.e., if your proposal is selected through this RFP, your organization may need to register in SAM to receive a contract. |
|  | RISK ASSESSMENT. Upon request by Partner4Work, my organization can complete a pre-award risk assessment that collects information regarding our organizational experience, overall staffing, subcontracting arrangements (if applicable), complaints or incidents, lawsuits, administrative systems, funding streams, and financial standing. |
|  | INSURANCE. Upon request by Partner4Work, my organization can submit a Certificate of Insurance (COI) evidencing the types and amounts of insurance described below, and name Partner4Work as a certificate holder on the COI, if our proposal is selected and we are offered a contract.  Comprehensive Commercial General Liability Insurance with limits not less than $1,000,000 per occurrence and Aggregate not less than $2,000,000. Automobile Liability Insurance with limits not less than $1,000,000 per occurrence, combined single limit for bodily injury (including death) and property damage liability covering all owned, non-owned, and hired vehicles. Privacy/Cyber Liability Security Insurance with limits of not less than $1,000,000. Worker’s Compensation Insurance as required by the Commonwealth of Pennsylvania. |
|  | FINANCIAL AUDIT. Upon request by Partner4Work, my organization can submit our most recent financial audits, including a Single Audit ([2 CFR 200.501](https://www.ecfr.gov/current/title-2/section-200.501)), as applicable, if our proposal is selected and we are offered a contract. |
|  | FORM W-9. Upon request by Partner4Work, my organization can submit a completed [Form W-9](https://www.irs.gov/forms-pubs/about-form-w-9) (Request for Taxpayer Identification Number and Certification), if our proposal is selected and we are offered a contract. |

**SIGNATURE REQUIRED ON NEXT PAGE**

**D. Signature of Authorized Representative**

*By signing below, I certify that I am legally authorized by the organization named herein to submit this proposal and represent the above certifications and assurances on behalf of the organization named herein. I understand that Partner4Work is relying on this representation to effectively conduct the procurement process and develop any agreements that may result from this RFP.*

Name of Authorized Representative: Enter text here.

Title of Authorized Representative: Enter text here.

Phone: Enter text here. Email: Enter text here.

**Signature of Authorized Representative:**

Date: Enter text here.