

MassHire Franklin Hampshire Workforce Board

RFP #2020-01 Career Center Operator/Provider Services

Attachment I: Cover Sheet

Date: _____

Organization Name: _____

Address: _____

Proposal Contact Person: _____

Proposal Contact Title: _____

Telephone: _____

Email: _____

Website: _____

Total Number of Participants to be served: _____

I hereby certify that the information provided in this submission is accurate.

(Print Name / Title)

Signature

I hereby certify that I am duly authorized to sign contracts on behalf of this organization.

(Print Name / Title)

Signature