**PY2023 WIOA Response Packet Cover Sheet**

**High Country Workforce Development Board**

NCWorks Center Operations; Adult/Dislocated Worker/Business Services/Youth Services

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Street Address:** |  |
| **Mailing Address:** |  |
| **Contact Person (s):** |  |
| **Telephone Number(s):** |  |
| **E-Mail:** |  |
| **Federal ID#:** |  |

The following proposal is hereby submitted in response to the High Country WDB WIOA RFP to provide WIOA Title 1 services to include NCWorks Career Center Operations; and/or Adult, Dislocated Worker, Business Services, and Youth Services. Please complete the chart below indicating the proposed service area and program components for which you are bidding by typing “Yes”.

|  |  |  |
| --- | --- | --- |
| **County** | **NCWorks Center Operations** | **Adult/DW/Bus. Services/Youth** |
| Alleghany |  |  |
| Ashe |  |  |
| Avery |  |  |
| Mitchell |  |  |
| Watauga |  |  |
| Wilkes |  |  |
| Yancey |  |  |

**CERTIFICATION**: I certify that the information contained in this proposal fairly represents this entity and its operating plans and budget necessary to conduct the proposed WIOA employment, training, and service activities proposed herein. I acknowledge that I have read and understand the requirements of this RFP and that this entity is prepared to implement the proposed activities as described herein or as negotiated with the WDB. I certify that I am authorized to sign this proposal and any contractual agreement emanating there from on behalf of the entity submitting the proposal.

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**Signature of Signatory Official/Date**

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**Typed or Printed Name and Job Title of Signatory Official**