CHICAGO COOK WORKFORCE PARTNERSHIP **FORM A**

WORKFORCE INNOVATION FUND ï SYSTEMS REQUIREMENTS CONTRACTOR REQUEST FOR QUALIFICATIONS

Agency Information Form

Legal Name of Agency	FEIN Number
Mailing Address	
President/CEO Name & Title	President/CEO Phone Number
President/CEO Fax Number	President/CEO Email Address
Contact Person for Proposal	Contact Personôs Phone Number
Contact Personôs Fax Number	Contact Personôs Email Address
Agency website:	

Type of Organization (check one)

☐	Not-for-Profit Agency	☐	For-Profit Agency	☐	Institution of Higher Learning
☐	Other (describe):				

Agency Statement of Certification

This proposal has been duly authorized by the governing body or authorized executive of the applicant. The description of experience, availability of staff resources, and all statements made are true and correct. The applicant will comply with all rules and regulations of the funding agency and will revise this proposal if necessary.

Authorized Signature **Date**

Printed Name **Title**