

**CHICAGO COOK WORKFORCE PARTNERSHIP****FORM A**

**WORKFORCE INNOVATION FUND – IMPACT AND OUTCOMES  
EVALUATION 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 Person's Phone Number
Contact Person's Fax Number	Contact Person's Email Address
Agency website:	

***Type of Organization (check one)***

<input type="checkbox"/>	Not-for-Profit Agency	<input type="checkbox"/>	For-Profit Agency	<input type="checkbox"/>	Institution of Higher Learning
<input type="checkbox"/>	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**