



**WIA Title I-B**  
**Adult and Dislocated Worker Program and Site Operation**  
*Bidder Contact Information*

<b>Lead Organization:</b>			
<b>Contact person:</b>		<b>Phone:</b>	
<b>Email:</b>		<b>Fax:</b>	
<b>Street address:</b>			
<b>City:</b>		<b>State:</b>	
<b>Zip:</b>			

List all organizations submitting proposal:


<b>Total to be served</b>	<b>WorkSource Everett</b>	<b>WorkSource Lynnwood</b>	<b>WorkSource Sky Valley Affiliate</b>	<b>Other locations</b>
<b>Adult</b>				
<b>Dislocated Worker</b>				

I hereby declare that the information provided in this application response is accurate, valid and a full disclosure of requested information. I am fully authorized to represent to organization listed above, to act on behalf of it, and to legally bind it in all matters related to the application.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_