**TRANSMITTAL DOCUMENT - PROGRAM YEAR 2025-26**

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| **PROPOSING AGENCY** | |
| ENTITY NAME: | SIGNATORY OFFICIAL: |
| ADDRESS: | CONTACT PERSON: |
| CITY/STATE/ZIP: | PHONE NUMBER: |
| FEDERAL EMPLOYER ID#: | EMAIL ADDRESS: |
| DUNS NUMBER: |  |
| **PROPOSED PROGRAM TYPE AND TARGET GROUP** | |
| ❑ WIN Job Center Operator  ❑ Youth Career Services and Training | ❑ Adult and Dislocated Worker Career Services and Training |
| **AREA OF SERVICE** | |
| LOCATION OF RECORD MAINTENANCE SITE(S): | |
| AREA TO BE SERVED: | |
| **TYPE OF AGENCY**  **\*\*CHECK ONE\*\*** | |
| PRIVATE NON-PROFIT | COMMUNITY BASED ORGANIZATION |
| PRIVATE FOR PROFIT | STATE OR LOCAL GOVERNMENT AGENCY |
| PUBLIC (INCLUDING EDUCATIONAL ENTITIES) | OTHER |
| DATE AGENCY/ORGANIZATION BEGAN OPERATION: | |
| **PROPOSAL SUMMARY** | |
| TOTAL FEDERAL FUNDS REQUESTED: $ # PARTICIPANTS PLANNED: | |
| PROPOSED PERIOD OF OPERATION FROM: **July 1, 2025** TO: **June 30, 2026** | |
| **CERTIFICATION** | |
| This proposal is a bonafide offer to provide the services outlined herein and to adhere to **an accrual-based accounting system in conjunction with** the budget if a contract is awarded. The proposer is legally authorized to submit this proposal and to conduct the program if awarded. The proposer certifies that this proposal complies with the requirements of the WIOA and this solicitation. The SCMW assumes no responsibility for the costs of preparing this proposal or negotiating a contract if one is awarded. | |
| NAME OF AUTHORIZED OFFICIAL: | TITLE OF AUTHORIZED OFFICIAL: |
| SIGNATURE OF AUTHORIZED OFFICIAL: | DATE: |