

ATTACHMENT A: Proposal Cover Sheet

Capital Workforce Partners
Fiscal Services
Request for Proposal
Due Date: May 29, 2024 - 5:00 pm Eastern time



Name of Proposer Organization:

Proposer Organization FEIN:

Proposer Location

Street:

City:

State:

Zip:

Contact Person Information

Name:

Title:

Telephone:

Email Address:

Organization Status

Small Business as defined by SBA
Woman-Owned Business

Minority-Owned Business
Veteran-Owned Business

None of the Above

Proposed Services: Fiscal Monitoring Technical Assistance

Cost Summary

Fiscal Monitoring Cost:

Technical Assistance Total Cost:

Total Proposal Amount: