**ATTACHMENT A**

**Proposal Cover Sheet**

**2021 WIOA Performance Support Grant**

Economic Growth Region: Click here to enter text.

Eligible Applicant Agency Name: Click here to enter text.

Address (Administrative Office): Click here to enter text.

Address (Other): Click here to enter text.

Agency Telephone Number: Click here to enter text.

Signing Authority Name[[1]](#footnote-1): Click here to enter text.

Signing Authority Phone: Click here to enter text.

Signing Authority Email: Click here to enter text.

Financial Officer Name[[2]](#footnote-2): Click here to enter text.

Financial Officer Phone: Click here to enter text.

Financial Officer Email: Click here to enter text.

Program Contact Name[[3]](#footnote-3): Click here to enter text.

Program Contact Phone: Click here to enter text.

Program Contact Email: Click here to enter text.

**Applicant Statement of Certification**

This proposal was prepared independently without consultation, agreement or cooperation with any other proposing agency or party. This proposal has been duly authorized by the governing body of the applicant. The applicant understands that it is required to comply with all applicable federal, state, and local laws, rules, regulations, and ordinances in submitting this application and as a requirement of any subsequent award of grant funds.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name, Agency Signing Authority Signature, Agency Signing Authority

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name, WDB Chair Signature, WDB Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

1. Signing Authority is the person who will sign the contract electronically in the State’s electronic grant agreement System. [↑](#footnote-ref-1)
2. Financial Officer is the person who will receive electronic transfers and is responsible for submitting required fiscal reports. [↑](#footnote-ref-2)
3. Program Contact is the person who will have day to day oversight of the program and is the main contact for DWD. [↑](#footnote-ref-3)