

Application
Career Services Expansion: Pandemic Workforce Network

A. Contact Information

Organization Name:

Address:

City:

State:

Zip Code:

Principal Contact Person:

Title:

Email:

Phone:

Fax:

Fiscal Contact Person:

Title:

Email:

Phone:

Executive Director:

Title:

Email:

Phone:

B. Legal Information

Type of organization (Indicate one): For-profit: Non-Profit: Government: Education Institution:

Federal Employer Identification Number (FEIN):

[DUNS Number](#):

[CAGE Code](#):

Required Attachments *Proposals submitted without these documents will be considered incomplete. Please note that a single copy of all requirements below must be submitted for each partner, in addition to the lead applicant (if applicable).*

- Registration in the [System for Award Management](#) (SAM)
- Certificate of Liability Insurance; Including Cyber Security Coverage
- Most recent financial audit
- Certificate of Worker's Compensation Insurance
- IRS Form W-9

Additional Requirements

- Agree to Use Partner4Work's Contract Management Software, Parley Pro, for Contract Negotiation
- By submitting this application you certify that you are compliant with the following [PA state integrity policy](#). If you are not, please submit along with your application a written explanation of why such certification cannot be made.
- By submitting this application you acknowledge and agree to abide by the payment provisions described in this RFQ, which will apply to any agreements resulting from this RFQ.

E. Basic Organization Description

In two pages or less, please describe:

1) The organization's principal programs and services:

2) The client base of individuals who may be interested in PA CareerLink® career services:

3) An estimate of the monthly volume of job seekers the organization will refer to PA CareerLink®:

4) The organization's outreach strategies to ensure that a steady stream of job seeker clients are referred:

5) The organization's ability to host PA CareerLink® staff on-site to meet with clients (*Not a requirement, but strongly preferred*):

Digital Signature:

Digital Printed:

Date Signed: