Cover Sheet

PA CareerLink® Mobile Unit Operator Proposal	
Date of Submission	
Organization Name	
Organization Address	
Submitter's Name	
Title	
Phone Number	
Email Address	
Authorizing Signatory Name	
Signatory Title	
Signatory Phone Number	
Signatory Email	
Assurances and Certifications Agreement	***By submitting this RFP, you are verifying that you are able to comply with all the Assurances and Certifications found in Attachment #1.***