

FOA: SECTOR PARTNERHSHIP TRAINING



Coversheet: Required for All Applicants

APPLICANT INFORMATION			
Legal Business Name of Applicant:			
Type of Organization:	Contact Information <i>Provide contact information for person to be contacted on matters involving this application</i>		
	Title:		
State Entity is Registered:	First Name:		
Federal Tax ID Number:	Last Name:		
Street Address, Suite#:	Suffix:		
City, State	Email:		
Zip Code	<i>(Area Code) +</i> Office Phone:		
Website URL:	<i>(Area Code) +</i> Mobile Phone		
Higher Education Act (HEA) Title IV Organization:	Yes No	Proposed programs are eligible for federal financial aid: Yes No N/A	Applicant will assist trainees in accessing federal financial aid for proposed programs, using DESC funds only if necessary: Yes No N/A
FUNDING REQUEST INFORMATION			
<i>Enter summary estimated funding amounts for customized or incumbent worker training programs only.</i>			
Funding Source		Estimated Amount Proposed (\$)	
TOTAL			

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED IN THIS PROPOSAL IS TRUE AND CORRECT. THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE ATTACHED DOCUMENT. THE APPLICANT HAS ACCESSED AND REVIEWED THE WEB PAGES CONTAINING DEFINITIONS OF TERMS AND STANDARD CONTRACTUAL LANGUAGE WHICH ARE/WILL BE RELEVANT TO THIS PROPOSAL. IF THE PROJECT IS AWARDED, THE APPLICANT WILL COMPLY WITH ALL RULES AND REGULATIONS SET FORTH BY THE DETROIT EMPLOYMENT SOLUTIONS CORPORATION. THIS PROPOSAL WILL REMAIN FIRM FOR A PERIOD OF ONE HUNDRED TWENTY (120) DAYS FROM ITS DUE DATE AND THEREAFTER UNTIL (i) THIS PERIOD EXPIRES; (ii) THE APPLICANT WITHDRAWS IT; (iii) A CONTRACT BETWEEN THE PARTIES IS EXECUTED; OR (iv) THE PROCUREMENT IS TERMINATED BY DESC, WHICHEVER OCCURS FIRST.

Authorized Representative First, M.I., Last):	Title:	
Signature of Authorized Representative:	Date Signed:	