

## PROPOSAL COVER SHEET

<b>(1) Agency/Institution Submitting Proposal</b>	
<b>(2) Project Title</b>	
<b>(3) Project Director</b> (Name, Title, Address, Telephone, Fax, e-mail)	<b>(4) Site Coordinator</b> (Name, Title, Address, Telephone, Fax, e-mail) <b>Grant Period</b>
<b>(5) Financial Officer</b> (Name, Title, Address, Telephone)	<b>(6) Program Period</b>
	<b>(7) Amount of Funds Requested</b>
	<b>(8) Official Authorized to Sign for Proposal / Contractor</b>  <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/>           Signature         </div> <div style="text-align: center; margin-top: 20px;"> <hr style="width: 80%; margin: 0 auto;"/>           Title <span style="float: right; margin-right: 20px;">Date</span> </div>

### **Proof of Authority from Governing Board**

***The above-named organization (proposer) accepts responsibility for the program described in this Proposal. The proposer agrees to the program and the funding terms and conditions of the GSWIB staff. It is agreed that any liability arising out of the performance of this Contract, including civil court actions for damages, shall be the responsibility of the recipient and the authorizing agency. The GSWIB staff disclaims responsibility of any such liability.***

Written authorization from the governing board in support of this program is included with this Proposal Cover Sheet.

### **Certification of Authority**

The person executing this certificate on behalf of the Proposer affirmatively represents that s/he has the requisite legal authority to do so on behalf of Proposer. Both the person executing this proposal on behalf of the Proposer and Proposer understand that the GSWIB staff is relying on this representation in receiving and considering this proposal.



EL DORADO COUNTY  
DEPARTMENT OF HUMAN SERVICES

Doug Nowka  
Director

LETTER OF AUTHORIZATION

February 12, 2009

Golden Sierra Workforce Investment Board  
11549 F Avenue  
Auburn, CA 95603

As a duly authorized officer or agent of El Dorado County authorized to sign for and submit proposals on behalf of this organization, I hereby certify and affirm, under penalty of perjury, the following statements:

1. In submitting this proposal in response to the Workforce Investment Act (WIA) Youth Program Title I Request for Proposal (RFP), I certify that the information presented is true and accurate. El Dorado County agrees to provide additional information regarding administrative, financial, and legal status if deemed necessary by GSWIB staff.
2. El Dorado County will permit official representatives of GSWIB staff access to its facilities, staff, and records in conducting a pre-award survey in connection with this proposal.
3. El Dorado County hereby authorizes GSWIB staff to contact any or all of the references and funding or information sources named herein in order to verify credit, funding, accreditation, performance, and other information deemed necessary for review of this proposal.
4. El Dorado County will provide the product(s) and/or service(s) as described in this proposal at the price stipulated in this proposal from July 1, 2009 to June 30, 2011. The price(s) contained herein is the same charged to all other individuals or organizations contracted for and/or receiving the same product(s) and/or service(s). All material facts presented in this proposal shall be binding and included as part of the contract if this proposal is selected and the contract awarded.
5. The offer presented in this proposal is firm and binding for 120 days from the date listed above.
6. All aspects of this proposal, including costs, have been determined independently, without consultation with any other prospective proposer or competitor for the purpose of restricting competition.
7. El Dorado County will, if selected and awarded a contract, comply with all applicable rules, laws, and regulations, and the terms of the contract.
8. I, the undersigned, under penalty of perjury, am an agent authorized to submit proposals on behalf of El Dorado County.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Official Title



EL DORADO COUNTY  
DEPARTMENT OF HUMAN SERVICES

Doug Nowka  
Director

STATEMENT OF EXPERIENCE

February 12, 2009

Golden Sierra Workforce Investment Board  
11549 F Avenue  
Auburn, CA 95603

As a duly authorized officer or agent of El Dorado County authorized to sign for and submit proposals on behalf of this organization, I hereby certify and affirm, under penalty of perjury, the following statements:

1. I, the undersigned affirm that the El Dorado County is a political subdivision of the State of California.
2. I, the undersigned affirm that El Dorado County is a public agency and is exempt from business license requirements under Ordinance Code 5.08.070.C.
3. I, the undersigned affirm that the El Dorado County has been in business under the present business name since February 18, 1850.
4. I, the undersigned affirm that that El Dorado County has the administrative/fiscal capacity to perform the proposed services and ensure that all services and expenditures are within federal, state and County guidelines for WIA Youth Programs.
5. I, the undersigned certify that that El Dorado County has not been proposed for debarment, presently disbarred, suspended, or declared ineligible, as required by Executive Order 1259, "Debarment and Suspension," and implemented by 28 CFR, Part 67, for prospective participants in primary covered transactions.
6. I, the undersigned affirm that that this proposal if funded, as proposed, will not exceed 75% of the organization's gross revenues.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Official Title



**Golden Sierra**  
**Workforce Investment Board**

*Cultivating Workforce Development Solutions*

www.goldensierrawib.com

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**CREDIT AUTHORIZATION**

_____			_____
Agency or Contractor			Federal ID Number
_____			_____
Address			State ID Number
_____			_____
City	State	Zip	
_____			
Dunn & Bradstreet ID Number (if applicable)			

I, as an authorized representative of \_\_\_\_\_, hereby authorize  
The Organization's Name  
the GSWIB staff to verify \_\_\_\_\_ past  
The Organization's Name  
employment earnings records, bank accounts, stock holdings, taxes, liens and any other assets.  
I further authorize the GSWIB staff to order a business credit report and verify other credit information,  
including past and present landlord references. It is understood that a copy of this form will also serve  
as authorization.

The information the GSWIB staff obtains is only to be used in evaluating and determining the  
financial stability of potential service and training contractors.

_____	
Signature of Authorized Representative	
_____	_____
Print Name	Date