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**STRIVE**

**Training Provider Proposal Cover Sheet**

1. **Contact Information**

Organization Name: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: xxxxx

Principal Contact Person: Click here to enter text. Title: Click here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click here to enter text.

Fiscal Contact Person: Click here to enter text. Title: Click here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click here to enter text.

Executive Director: Click here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click here to enter text.

1. **Legal Information**

Is your organization incorporated? Yes: No:

Type of organization: For-profit Non-Profit:

Federal Employer Identification Number (FEIN): Click here to enter text.

DUNS Number: Click here to enter text.

If not incorporated, name the legal entity that will act as a fiscal and administrative agent:

Organization Name: Click here to enter text. Contact Person: Click here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click here to enter text.

1. **Short Executive Summary** *(max 100 words)*

Click here to enter text.

1. **Attachments**

Please submit a certificate of insurance as an attachment to this proposal.