**Attachment 1**

**Transitional Jobs 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.

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** *(this information may be published if program is funded – max 100 words)*

Click here to enter text.

1. **Leveraged Funds** Please list all other sources of funding that will support your proposed transitional jobs program, if applicable.

|  |  |  |
| --- | --- | --- |
| Funding Source | Amount | Are funds secured or pending? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Leveraged Funds: |  |  |

[ ]  Our organization understands that the Transitional Jobs program operates on a reimbursement model and we are prepared to front costs related to the Transitional Jobs program until requirements for reimbursement are met and funds are available for reimbursement.

 Initial:\_\_\_\_\_