



Sector Partnership National Dislocated Worker Grant
Bidder Contact Information

Bidders: submit one form for each training program submitted.

Name of training provider:

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Name of training program:

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Contact person:			
Email:		Fax:	
Street address:			
City:		State:	
Zip:			
Cell Phone:		Desk Phone:	

Date of Inception of training provider:	
Years in business at present location:	
Tax ID#:	
DUNS#	

I hereby declare that the information provided in this application response is accurate, valid and a full disclosure of requested information. I am fully authorized to represent to organization listed above, to act on behalf of it, and to legally bind it in all matters related to the application.

Name: _____ Title: _____

Signature: _____ Date: _____