

Proposition 39 RFA

EDD RFA 65769
Proposition 39

Cover Page

Total Project Budget				\$	
Requested Amount				\$	
Applicant:					
Address:					
City & Zip Code:					
County:					
Designated Contact Person and Title:					
Telephone:		Fax:		E-mail:	
DUNS Number:					
Proposed Region:					
Proposed Occupations/Trades:					
Proposed Program Element (Check 1):	<input type="checkbox"/> Technical Assistance and Capacity Building <input type="checkbox"/> Development <input type="checkbox"/> Training Implementation				
Training Implementation Proposals Only - List Partners:					
Approval of Authorized Representative					
Name:					
Title:	Signature				

CHECK ✓	ATT #	DOCUMENT NAME/DESCRIPTION	FORM PROVIDED	FORM REQUIRED
	1	Cover Page	YES	YES
	2	Proposal Narrative	NO	YES
	3	Form 1: Project Budget	YES	YES
	4	Form 2: Budget Detail	YES	YES
	5	Form 3: Workplan (Technical Assistance & Capacity Building and Development proposals only)	YES	YES
	6	Form 4: Participant Plan (Training Implementation proposals only)	YES	YES
	7	Form 5: Worker's Compensation Certification	YES	YES
	8	Form 6: CCC-307	YES	YES
	9	Form 7: Darfur Contracting Act Certification (If applicable, see form for details)	YES	If applicable
	10	Form 8: Bidder Declaration	YES	YES
	11	Proof of registration with the California Secretary of State's Office.	NO	If Applicable