**RFP for Southwestern Connecticut American Job Center Operator/Provider**

**COVER PAGE**

|  |  |  |
| --- | --- | --- |
| **Vendor Information** | | |
| **Name** |  | |
| **Address** |  | |
| **Federal EIN #** |  | |
| **U.I. #** |  | |
| **DUNS #** |  | |
| **Contact Person** | **Name** |  |
| **Title** |  |
| **Telephone #** |  |
| **Fax #** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **AMOUNT OF REQUEST** | **AJC Provider** |
| **Program Cost** |  |
| **Administration**  *$25,000 maximum allowed for administrative costs associated with the AJC Provider services* |  |
| **TOTAL** |  |

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| --- | --- | --- | --- |
|  |  |  |  |
| *Signature of Authorized Representative* |  |  | *Date* |
|  |  |  |  |
| *Name and Title of Authorized Representative* |  |  |  |