**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** |   |

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