

# COWIB RFP Cover Page

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**RFP Name:** \_\_\_\_\_

**TO:** Central Oklahoma Workforce Innovation Board

**Proposer Organization:** \_\_\_\_\_  
(Legal Name)

**Street Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address:**  Same as Street Address

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Date Proposal was Prepared:** \_\_\_\_\_

**Proposer's Federal Tax Identification Number:** \_\_\_\_\_

**Total Budget of This Proposal:** \$ \_\_\_\_\_