SIGNATURE PAGE

Paid Family Leave Small Business Grant (PFL SB Grant) 2020	**Funding**	
	Requested Funding	$

Organization (applicant) Name:
Address:
City and Zip Code:
County:
Designated Contact Person and Title: ☐Mr. or ☐Ms.
Phone: Fax: Email:

Type of Organization (Check one)	☐Local Workforce Development Board ☐Chamber of Commerce ☐ Community College ☐ Professional Trade Organization
IRS Tax ID Number:	CA Tax ID Number:

Proposal Title:
Approval of Signatory Authority
Name:
Title:

Signature * X	Date X

* The individual signing this Proposal represents and warrants that they have read and understand the Solicitation For Proposals; that they had the opportunity to submit any questions concerning the Solicitation For Proposals; and that they have the right, power, legal capacity, and authority to bind the above-identified Organization to this Proposal.