WORKFORCE DEVELOPMENT BOARD

2695 S. 4th Street, Bldg. D
El Centro, CA 92243

Electronic Request of RFQ(s)

Organization's Name

Address

Contact Name

Email

Phone Number

Please initial the RFQ(s) requested.

_____ **Youth Services RFQ**

_____ **Adult RFQ**

By signing below, I acknowledge I have requested the Request for Qualifications for the Programs under the Workforce Investment Act. Please send RFQ to the following email.

E-mail

Print Full Name

Signature **Date**

Please return this request to ICWDB at icwdbemail@icwdb.org or Fax (760) 337-5005 Attn: ICWDB.

Equal Opportunity Employer/Program. Auxiliary aid and services available upon request to individuals with disabilities.
To request a reasonable accommodation, please call 760-337-5000 at least 72 hours prior to event.