# Cover Sheet
# 2019 WIOA Youth Program RFP

**Application Date:**

Organization:
Address:
Telephone:
Email:

Program Name:
City, Zip
Fax:

*Contact Person:
Contact Number 1:

Contact Number 2:

Executive Director:

ED Signature:_____

Board Chair:

BC Signature: _____

Legal Status: ☐ 501(c)3 ☐ Gov't ☐ Private, for Profit ☐ Educational ☐ Other

*** The contact person should be the person who will be available to answer any questions pertaining to the enclosed documents when the review committee meets.**

**Amount Requested:** **$**

**Dutchess County Towns/Cities to be served:**

Application Type: ☐ Entire Youth Program ☐ 13 Elements Only ☐ Work Experience Only