

**APPLICATION FORMS: ONLY THESE FORMS MUST BE USED WHEN FILLING OUT AND RESPONDING TO THE
WIOA Youth Program (Year-Round Out of School Youth Program)**

PROPOSAL COVER SHEET

GENERAL INFORMATION

Application Organization: _____

Street Address: _____ City & State: _____ Zip Code: _____

Full Mailing Address (if different): _____

CAGE/UEI Number: _____

Contact Person(s) and Title(s): _____

Telephone: _____ Fax: _____

E-mail: _____

PROGRAM INFORMATION

Title of Proposed Program: _____

Total Funds Requested: _____ Program Start Date (Month/Day/Year): _____

Program End Date (Month/Day/Year): _____ Total number of youth served: _____

AUTHORIZED SIGNATURES

Signature of Applicants Authorized Representative: _____

Printed Name and Title of Authorized Representative: _____

Date of Submission: _____

Title of Worksite or Work Based Project/Internship: _____

Name of the Worksite: _____ Full Address of the Worksite: _____

Phone Number: _____

Name and Title of On-Site Supervisor: _____

Phone Number of On-Site Supervisor: _____

Name and Title of Alternate Supervisor: _____

Phone Number of Alternate Supervisor: _____

Ratio of Participants to Supervisor: _____ TO _____

Participant Job Title	Number of Slots

The position(s) starts on _____ and ends on _____, lasting for a total of _____ weeks.

Number of days per week: _____

Day	Time	Hours of Work
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

