**Attachment A**

**APPLICANT PROFILE**

Applicant Organization Name:

Federal Employer Identification Number (Organization Tax ID Number):

Contact Person for Administrative Matters:

Title of Contact Person:

Telephone of Contact Person:

Email of Contact Person:

Proposed Site Address:

Program Model (select one): [ ] Industry Awareness [ ] Post-Secondary Preparation

Service Delivery Area (select one): [ ] Region 1 (Wards 1-4) [ ] Region 2 (Wards 5-8)

Total Amount of Funds Requested:

Number of Youth Participants to be Served:

Per participant cost (cannot exceed $4,500): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Applicant’s Authorized Representative |
| Authorized Rep Name: |   |
| Title of Authorized Rep: |   |
| Email: |   |
| Telephone: |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Representative Date |  |  |  |  |  |  |