**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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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