

Attachment A

APPLICANT PROFILE

Applicant Organization Name: _____

Federal Employer Identification Number (Organization Tax ID Number): _____

Total Amount of Funds Requested: _____

Number of Youth Participants to be Served: _____

Contact Person for Administrative Matters: _____

Title of Contact Person: _____

Telephone of Contact Person: _____

Email of Contact Person: _____

Proposed Site Address: _____

Proposed Site SDA: 1 2 (please circle one)

Proposed Site Location Ward: 1 2 3 4 5 6 7 8 (please circle one)

Growth Industry Sector: _____

Third Project-Based Learning Component: _____

Applicant's Authorized Representative	
Authorized Rep Name:	
Title of Authorized Rep:	
Email:	
Telephone:	

Signature of Authorized Representative

Date