



## Workforce Investment Act Program Contact Information Form

<b>Contractor Legal Name:</b>	<b>Allocation:</b>
-------------------------------	--------------------

**Program Type** (check only one):

- Out of School Youth Program (OSY)**
 **OST Option II-Transition to Adulthood (OST/TTA aka ISY)**  
 **Other (Specify):** \_\_\_\_\_

<b>Executive Director:</b>			
<b>Address/Floor/Suite:</b>	<b>Borough:</b>	<b>Zip Code:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-mail Address:</b>	

<b>Program Director:</b>			
<b>Address/Floor/Suite:</b>	<b>Borough:</b>	<b>Zip Code:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-mail Address:</b>	

<b>WIA -Equal Opportunity Liaison:</b>			
<b>Address/Floor/Suite:</b>	<b>Borough:</b>	<b>Zip Code:</b>	
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-mail Address:</b>	

<b>Fiscal Contact Person:</b>	<b>Title:</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	

<b>Capricorn Contact Person:</b>	<b>Title:</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	

<b>“IT” Contact Person:</b>	<b>Title:</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>
<b>E-mail Address:</b>	

The Department of Youth and Community Development is an equal opportunity employer / program.  
Auxiliary aids and services are available upon request to individuals with disabilities.





**Workforce Investment Act  
Program Contact Information Form**

**Administrative Site Information**

<b>Contact Person:</b>		<b>Title:</b>	
<b>Address/Floor/Suite:</b>		<b>Borough:</b>	<b>Zip Code:</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-mail Address:</b>	
<b>Indicate the Closest Train and/or Bus Line:</b>			
<b>List cross streets:</b>			
<b>Is location ADA accessible?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this a NYC Public School? If so, specify name:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are "Employee Files" located here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are "Customer Files" located here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Youth and Community Development is an equal opportunity employer / program.  
Auxiliary aids and services are available upon request to individuals with disabilities.





**Workforce Investment Act  
Program Contact Information Form  
Program Site # 1 Information**

*(If you have multiple sites please complete additional sheets)*

<b>Contact Person:</b>		<b>Title:</b>	
<b>Address/Floor/Suite:</b>			<b>Borough:</b>
<b>Telephone Number:</b>			<b>Zip Code:</b>
<b>Fax Number:</b>		<b>E-mail Address:</b>	
<b>Indicate the Closest Train and/or Bus Line:</b>			
<b>List cross streets:</b>			
<b>Is location ADA accessible?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this a NYC Public School? If so, specify name:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are "Employee Files" located here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are "Customer Files" located here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WIA Staff**

**(This list must be consistent with PBMFR. Staff is defined as all persons whether paid or volunteer engaged by contractor to provide program services at the facility.)**

**Note: Please place an asterisk (\*) next to the individual(s) who you would like to be copied on EO-WIA correspondence.**

<i>Name</i>	<i>Title</i>	<i>Telephone Number</i>	<i>E-Mail Address</i>	<i>Term of Employment Start Date</i>

The Department of Youth and Community Development is an equal opportunity employer / program.  
Auxiliary aids and services are available upon request to individuals with disabilities.





**Workforce Investment Act  
Program Contact Information Form  
Program Site # 2 Information**

<b>Contact Person:</b>		<b>Title:</b>	
<b>Address/Floor/Suite:</b>			<b>Borough:</b>
<b>Telephone Number:</b>		<b>Fax Number:</b>	<b>E-mail Address:</b>
<b>Indicate the Closest Train and/or Bus Line:</b>			
<b>List cross streets:</b>			
<b>Is location ADA accessible?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is this a NYC Public School? If so, specify name:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are "Employee Files" located here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are "Customer Files" located here?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**WIA Staff**

**(This list must be consistent with PBMFR. Staff is defined as all persons whether paid or volunteer engaged by contractor to provide program services at the facility.)**

**Note: Please place an asterisk (\*) next to the individual(s) who you would like to be copied on EO-WIA correspondence.**

<i>Name</i>	<i>Title</i>	<i>Telephone Number</i>	<i>E-Mail Address</i>	<i>Term of Employment Start Date</i>

The Department of Youth and Community Development is an equal opportunity employer / program.  
Auxiliary aids and services are available upon request to individuals with disabilities.





**Workforce Investment Act  
Program Contact Information Form**

**List of Linkage(s)**

**(Note: information should be consistent with the linkage agreement(s) as noted in your contract.)**

<i>Organization Name</i>	<i>Contact Person</i>	<i>Telephone Number</i>	<i>E-Mail Address</i>	<i>Is location ADA accessible?</i>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Prepared by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Department of Youth and Community Development is an equal opportunity employer / program.  
Auxiliary aids and services are available upon request to individuals with disabilities.

