

# 2019 SYELEP RFQ: Work Skills Training

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| **Organization Information** | | | | | | |
| **Organization Name** |  | | | | | |
| **Address** |  | | | | | |
| **Federal EIN #** |  | | | | | |
| **U.I. #** |  | | | | | |
| **Contact Person** | **Name:** |  | | | | |
| **Title:** |  | | | | |
| **Telephone #:** |  | | | | |
| **Fax #:** |  | | | | |
| **Email:** |  | | | | |
| **Program Information** | | | | | | |
| **Program Name** |  | | | | | |
| **Operation Sites** |  | | | | | |
| **Job Title** |  | | | | | |
| **Capacity** | **Area to be Served** | | **Participants per Session** | | | |
| Bridgeport | |  | | | |
| Stamford | |  | | | |
| Norwalk | |  | | | |
| Valley | |  | | | |
|  | | | |  |  |  |
| *Signature of Authorized Representative* | | | |  |  | *Date* |
|  | | | |  |  |  |
| *Name and Title of Authorized Representative* | | | |  |  |  |