

**2021 SYELEP RFQ**

<b>Organization Information</b>	
<b>Organization Name</b>	
<b>Address</b>	
<b>Federal EIN #</b>	
<b>U.I. #</b>	
<b>Contact Person</b>	<b>Name:</b>
	<b>Title:</b>
	<b>Telephone:</b>
	<b>Email:</b>
<b>Work Skills Training Program Information</b>	
<b>Program Name</b>	
<b>Delivery Method</b>	<input type="checkbox"/> In-person <input type="checkbox"/> Virtually <input type="checkbox"/> Hybrid (in-person & virtually)
<b>Number of Youth Requesting to Serve</b>	
<b>Career Pathways &amp; Project-Based Learning Experiences Program Information</b>	
<b>Program Name</b>	
<b>Delivery Method</b>	<input type="checkbox"/> In-person <input type="checkbox"/> Virtually <input type="checkbox"/> Hybrid (in-person & virtually)
<b>Hours per Week</b>	
<b>Number of Youth Requesting to Serve</b>	
<b>Project Quote</b> <i>(rate per person)</i>	

\_\_\_\_\_  
*Signature of Authorized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name and Title of Authorized Representative*