

**Agency Information Form  
Adult/Dislocated Worker Affiliate**

Legal Name Of Applicant Agency		
Number of Years In Business		
FEIN Number		
DUNS Number		
Type of Organization	<input type="checkbox"/> Educational Institution <input type="checkbox"/> Private for Profit <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Private Not-for-Profit <input type="checkbox"/> Female Business Enterprise <input type="checkbox"/> Unit of Government <input type="checkbox"/> Disadvantaged Business Enterprise	
Address – Administrative Office	Address	
	City, State ZIP	
	Web Site URL	
Address of Service Location – This is the location where the services described in this application will be provided.	Address	
	City, State ZIP	
Principal of Agency –CEO/Executive Director/President	Name	
	Title	
	Email Address	
	Phone	
	Fax	
Programmatic Contact Person	Name	
	Title	
	Email Address	
	Phone	
	Fax	
Fiscal Contact Person	Name	
	Title	
	Email Address	
	Phone	
	Fax	

Funding Level Requested	Adult (1A)	\$
	Dislocated Worker (1D)	\$
<b>Planned Performance Levels</b>		
Carry Overs – Customers registered in a previous program year who will continue to be served on January 1, 2013	Adult (1A)	
	Dislocated Worker (1D)	
New Enrollees	Adult (1A)	
	Dislocated Worker (1D)	
Customers Enrolled into Training	Adult (1A)	
	Dislocated Worker (1D)	
Training Completions	Adult (1A)	
	Dislocated Worker (1D)	
Placements into Employment	Adult (1A)	
	Dislocated Worker (1D)	
90 Day Retention	Adult (1A)	
	Dislocated Worker (1D)	
Cost Per Participant (Exclude ITA costs)	Adult (1A)	\$
	Dislocated Worker (1D)	\$
<b>Areas Targeted with Services By This Application</b>		
ZIP Code(s)		
Outside of the City of Chicago, list village(s), town(s) and/or cities		
Inside City of Chicago, list Community Areas		