

## Agency Information Form Youth 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	In-School	\$
	Out-of-School	\$
<b>Planned Performance Levels</b>		
Carry Overs – Customers registered in a previous program year who will continue to be served on January 1, 2013	In-School	
	Out-of-School	
New Enrollees	In-School	
	Out-of-School	
Customers Enrolled into Occupational Classroom Training	In-School	
	Out-of-School	
Occupational Classroom Training Completions	In-School	
	Out-of-School	
Placements into Employment	In-School	
	Out-of-School	
90 Day Placement Retention	In-School	
	Out-of-School	
Placed Into Post-Secondary Education	In-School	
	Out-of-School	
Attainment of Certificate	In-School	
	Out-of-School	
Literacy Gain	Out-of-School	
Cost Per Participant (Exclude ITA costs)	In-School	\$
	Out-of-School	\$
<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		

