

Attachment A

Survey Template

Instructions

STEP 1

Fill in the places where there are brackets “[]”. There are two forms the Cover Sheet and the Provider Sheet.

Cover Sheet: Fill out one cover sheet indicating the Local Workforce Investment Area, the Framework Service Provider and Contact information, List all other Youth Service Providers , and the LWIB contact information

Provider Sheet: Complete one form for each individual contracted youth service provider including the provider of framework services. Cut and paste or delete additional forms as needed.

STEP 2

Review your information for accuracy

STEP 3

Complete the forms electronically and submit as a msword document via email to:

Florrie Reddish E-mail: Freddish@commcorp.org

[Local Workforce Area] Eligible WIA Youth Provider

**Massachusetts Workforce Investment Act
Title I Youth Program
Eligible Providers List
FY 2006
[LOCAL WORKFORCE AREA]**

LOCAL WORKFORCE INVESTMENT AREA

Framework Service Provider (including Follow – Up services)

[Provider Name]
[Address/City/State/Zip]

Contact Person: [First Name/Last Name] Contact Phone: [000-555-1111]

Youth Service Providers

- [Provider 1]
- [Provider 2]
- [Provider 3]
- [Provider 4]
- [Provider 5]
- [Provider 6]
- [Provider 7]
- [Provider 8]
- [Provider 9]
- [Provider 10]

Contact Us:

[LOCAL] Workforce Investment Board
[Address
[City/State/Zip]

Telephone: [000-555-1111] Fax: [000-555-1111]

Executive Director: [First Name/Last Name]
Youth Council Staff: [First Name/Last Name]

Visit Us Online at: [Your website url]

[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name1]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

Competitive RFP Non-competitive
 Competitive Other In-Kind/ Collaborations

Dollar Amount of Contract: [\$ 00,000]

Duration of Contract: [from start date to End date]

Total Number of WIA youth participants served at this provider: []

ISY _____ OY _____
OSY _____ YY _____

Services Provided

- ***All WIA ISY and OSY Vendors are required to make the ten elements available to participants.***

Framework Services	___	Occ Training	___
Tutoring Study Skills	___	Leadership Dev	___
Alternative Ed	___	Support Serv	___
Summer Jobs	___	Adult Mentoring	___
Work Experience	___	Follow-up Serv	___
Guidance/Counseling	___		

WIA Service Description (optional):

Please provide a brief description (50 words maximum) of services provide by the approved vendor, please provide any unique service strategies or qualities that are not captured in the 10 service elements (*for example employs bi-lingual staff, serves homeless youth, etc*)

[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name2]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

Competitive RFP Non-competitive
 Competitive Other In-Kind/ Collaborations

Dollar Amount of Contract: [\$ 00,000]

Duration of Contract: [from start date to End date]

Total Number of WIA youth participants served at this provider: []

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OSY _____ YY _____

Services Provided

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Framework Services	___	Occ Training	___
Tutoring Study Skills	___	Leadership Dev	___
Alternative Ed	___	Support Serv	___
Summer Jobs	___	Adult Mentoring	___
Work Experience	___	Follow-up Serv	___
Guidance/Counseling	___		

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[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name3]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

Competitive RFP Non-competitive
 Competitive Other In-Kind/ Collaborations

Dollar Amount of Contract: [\$ 00,000]

Duration of Contract: [from start date to End date]

Total Number of WIA youth participants served at this provider: []

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OSY _____ YY _____

Services Provided

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Framework Services	___	Occ Training	___
Tutoring Study Skills	___	Leadership Dev	___
Alternative Ed	___	Support Serv	___
Summer Jobs	___	Adult Mentoring	___
Work Experience	___	Follow-up Serv	___
Guidance/Counseling	___		

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[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name5]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

Competitive RFP Non-competitive
 Competitive Other In-Kind/ Collaborations

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Tutoring Study Skills	___	Leadership Dev	___
Alternative Ed	___	Support Serv	___
Summer Jobs	___	Adult Mentoring	___
Work Experience	___	Follow-up Serv	___
Guidance/Counseling	___		

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[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name6]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

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Guidance/Counseling	___		

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[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name7]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

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Dollar Amount of Contract: [\$ 00,000]

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Alternative Ed	___	Support Serv	___
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Work Experience	___	Follow-up Serv	___
Guidance/Counseling	___		

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[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name8]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

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 Competitive Other In-Kind/ Collaborations

Dollar Amount of Contract: [\$ 00,000]

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[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name9]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

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Tutoring Study Skills	___	Leadership Dev	___
Alternative Ed	___	Support Serv	___
Summer Jobs	___	Adult Mentoring	___
Work Experience	___	Follow-up Serv	___
Guidance/Counseling	___		

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[Local Workforce Area] Eligible WIA Youth Provider

[Provider Name10]

Program Address: [Address]
City/Town: [City/State] Zip Code: [00000]
Executive Director: [First Name/Last Name]
Contact Person: [First Name/Last Name]
Contact Telephone: [000-555-1111] Contact Email: [000-555-1111]

Contract Information

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 Competitive Other In-Kind/ Collaborations

Dollar Amount of Contract: [\$ 00,000]

Duration of Contract: [from start date to End date]

Total Number of WIA youth participants served at this provider: []

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Framework Services	___	Occ Training	___
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Alternative Ed	___	Support Serv	___
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