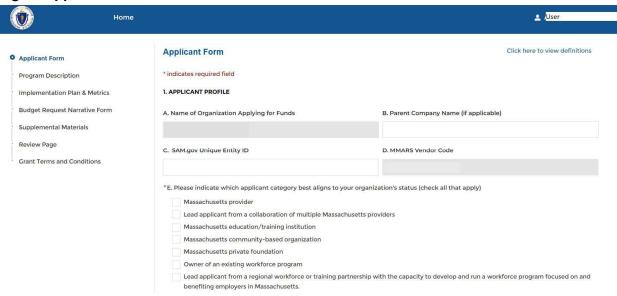
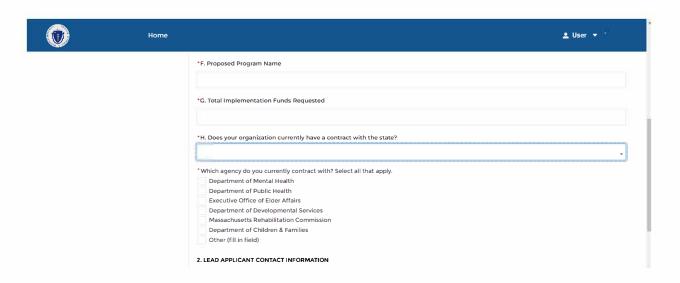
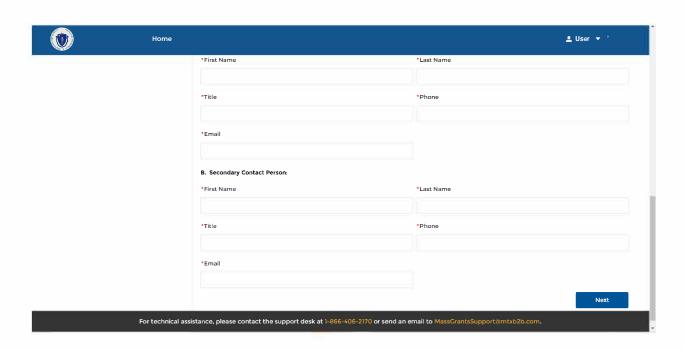
Page 1 Applicant Form

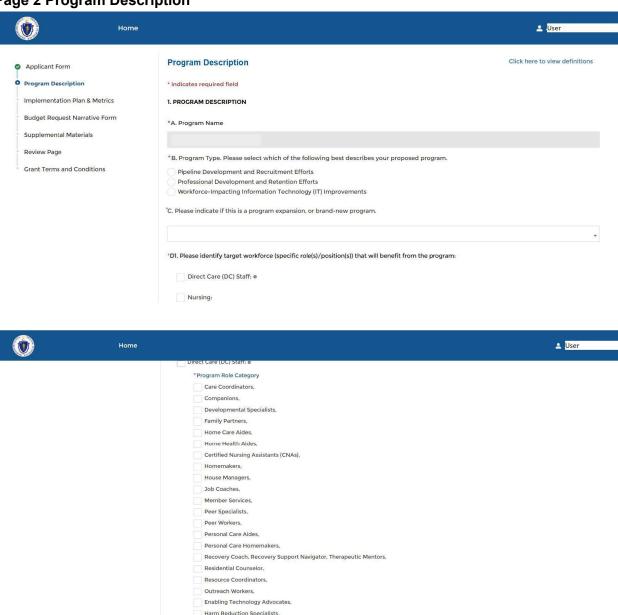


v)	Home			<u>.</u> ∠User
		Owner of an existing workforce program Lead applicant from a regional workforce of benefiting employers in Massachusetts. *F. Proposed Program Name	r training partnership with the capacity to develop a	nd run a workforce program focused on and
		*G. Total Implementation Funds Requested		
		*H. Does your organization currently have a cont	ract with the state?	
		LEAD APPLICANT CONTACT INFORMATION A. Primary Contact Person: (notified upon decision)	State of the State	
		*First Name	*Last Name	
		*Title	*Phone	

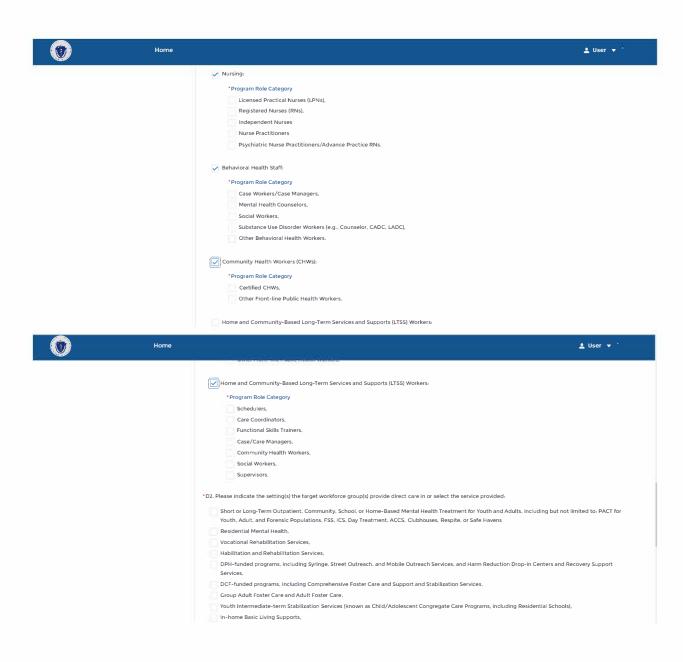


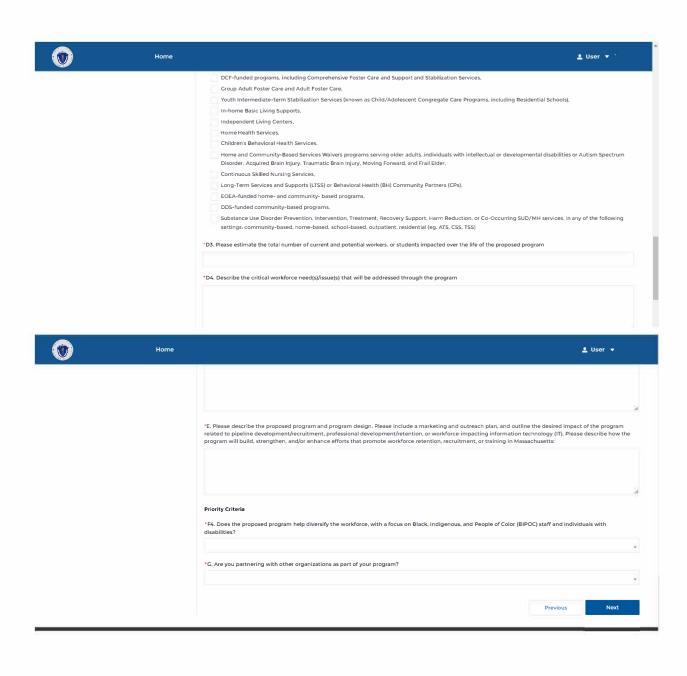


Page 2 Program Description

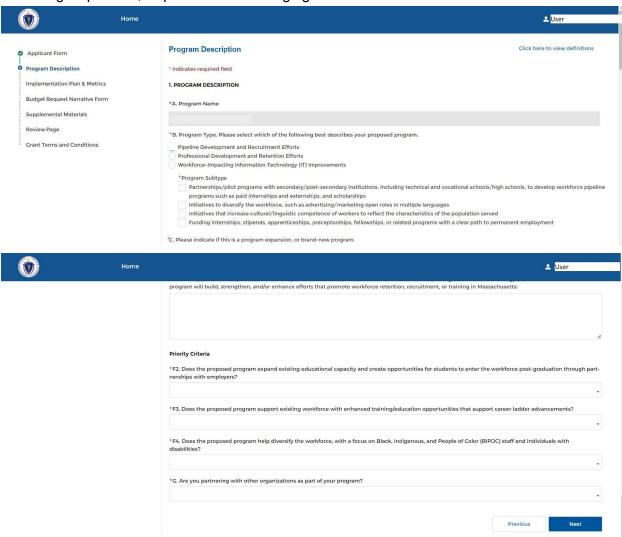


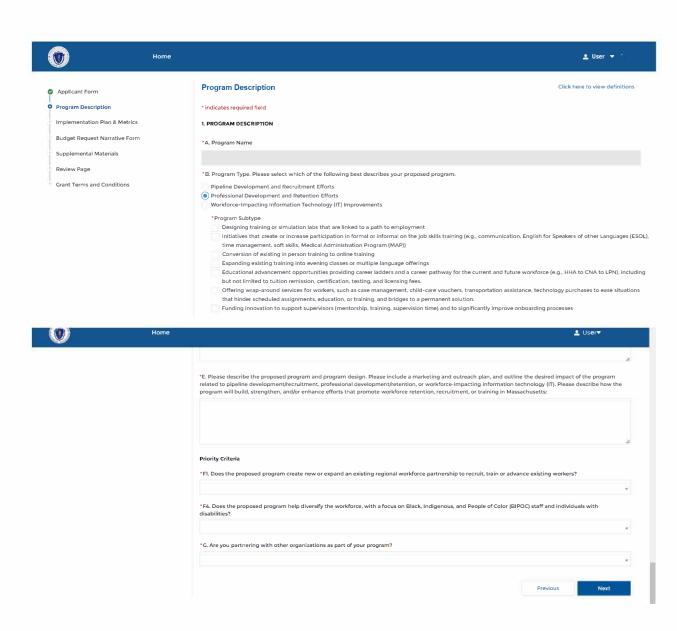
Other Unlicensed Direct Support Professionals and other DC staff job titles.

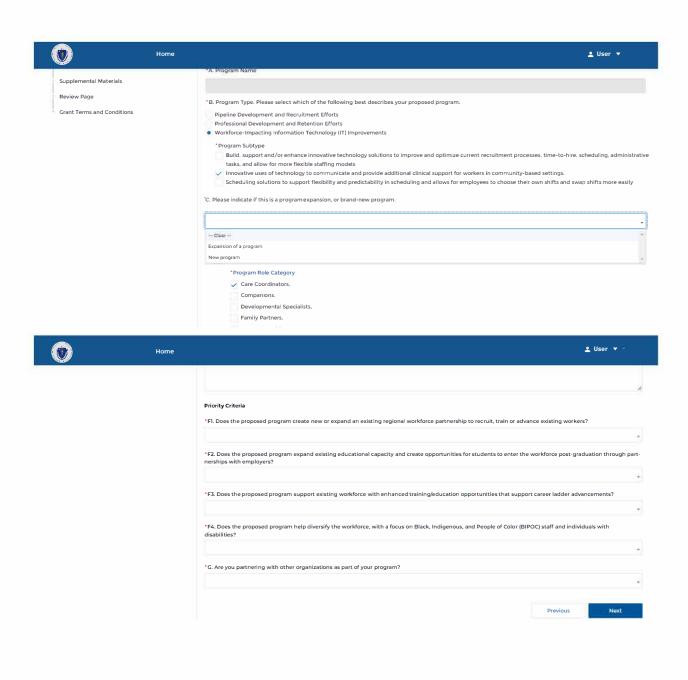




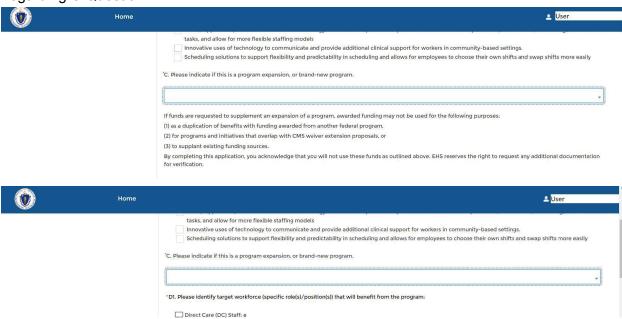
According B question, F questions are changing



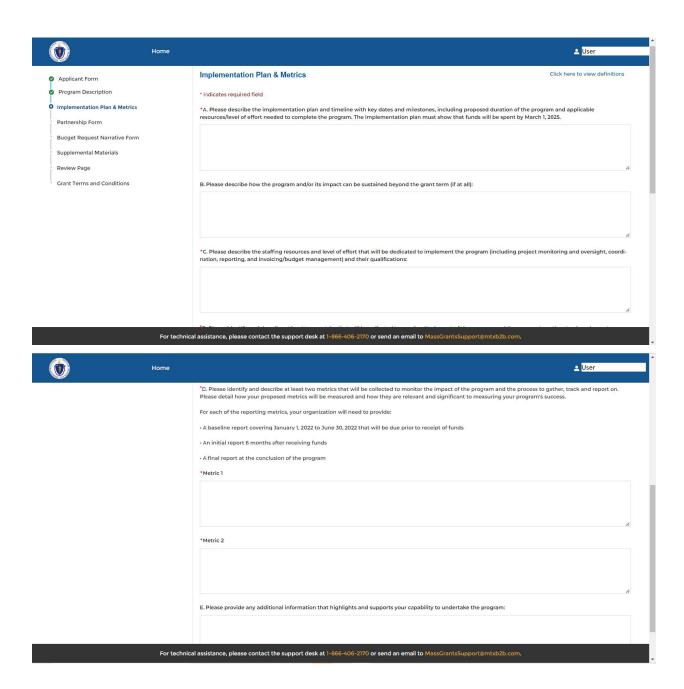




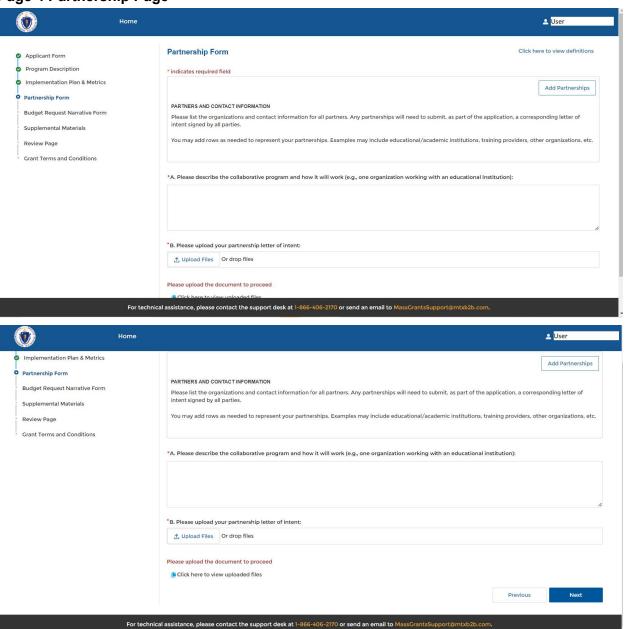
Regarding C Question

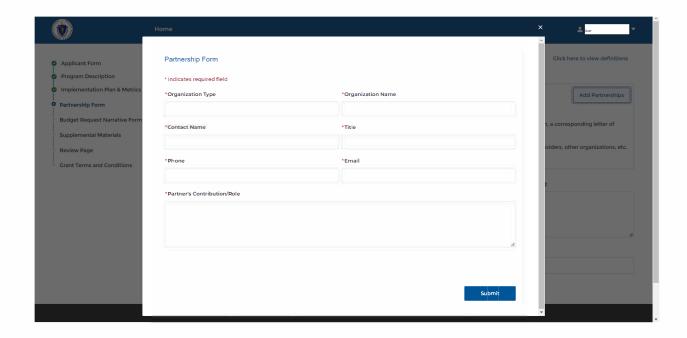


Page 3 Implementation Plan & Metrics

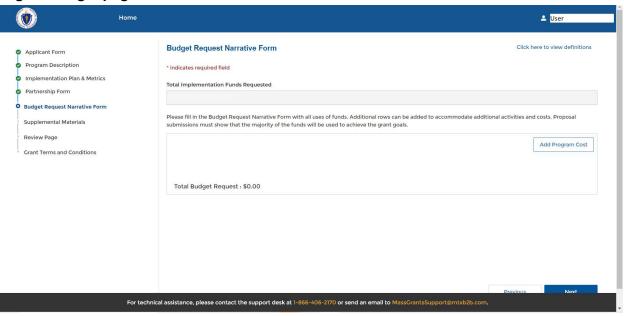


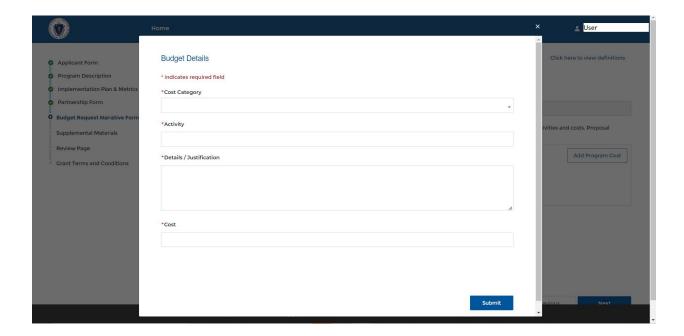
Page 4 Partnership Page



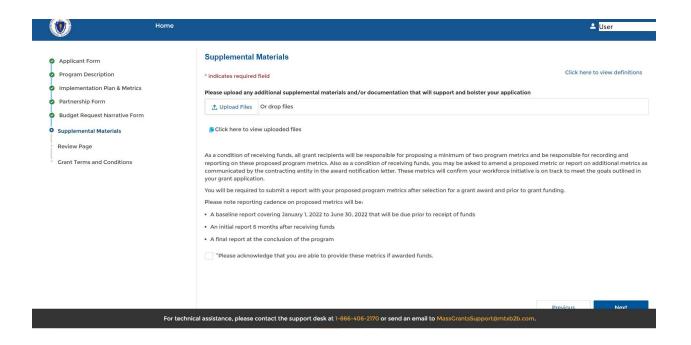


Page 6 Budget page

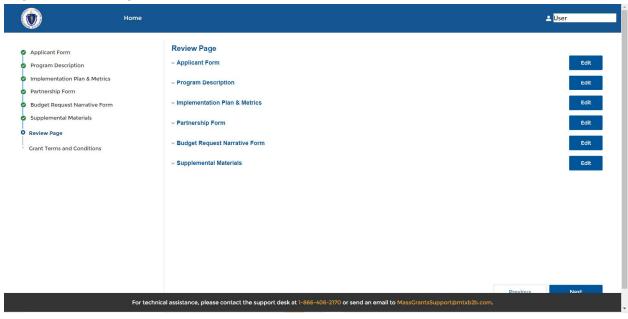




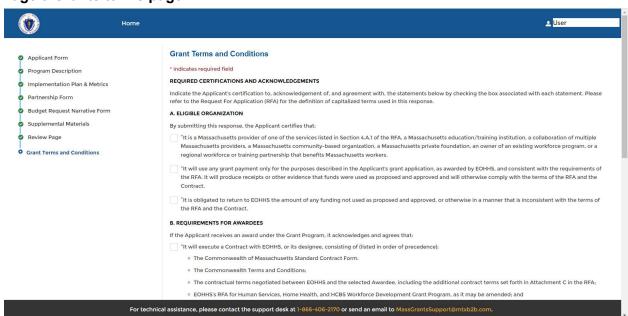
Page 7 Supplemental page

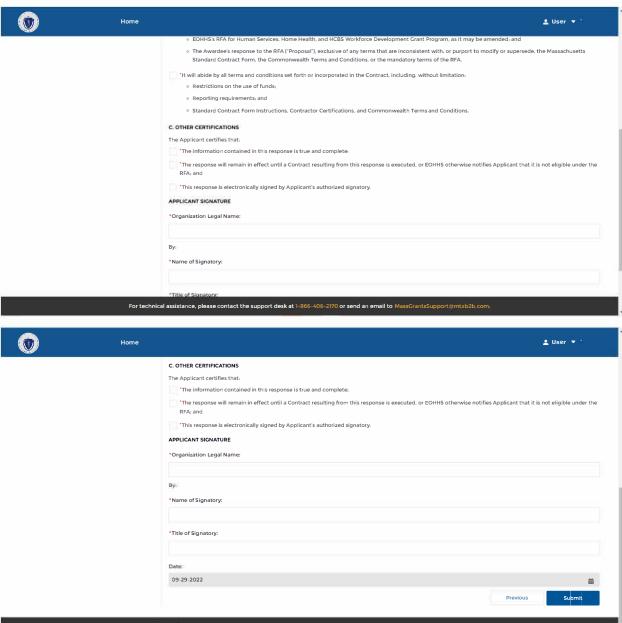


Page 8 Review page



Page 9 Grants terms page





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