Department of Youth & Community Development

Equal Opportunity – Workforce Investment Act
Program Contact Information Form

Contractor Name:		*Allocation:*	

Program Type (check only one):

- ☐ Out of School Youth Program (OSY)
- ☐ OST Option II-Transition to Adulthood (OST/TTA)
- ☐ SYEP
- ☐ OSY Summer Component
- ☐ OST TTA Summer Component
- ☐ Other (Specify): _____

Executive Director:					
Address:		Borough:		Zip Code:	
Telephone Number:		E-mail Address:			

Program Director:					
Address:		Borough:		Zip Code:	
Telephone Number:		E-mail Address:			

WIA -Equal Opportunity Liaison:					
Address:		Borough:		Zip Code:	
Telephone Number:		E-mail Address:			

Administrative Site Information

Contact Person:		Title:			
Address:		Borough:		Zip Code:	
Telephone Number:		E-mail Address:			
Indicate the Closest Train and/or Bus Line:					
List cross streets:					
Is location ADA accessible?	☐ Yes ☐ No	Is this a NYC Public School?	☐ Yes ☐ No		
Are "Employee Files" located here?	☐ Yes ☐ No	Are "Customer Files" located here?	☐ Yes ☐ No		

The Department of Youth and Community Development is an equal opportunity employer / program.
Auxiliary aids and services are available upon request to individuals with disabilities.

DIAL 311 Government Information and Services for NYC

Department of Youth & Community Development

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Program Contact Information Form

Program Site # 1 Information
(If you have multiple sites please complete additional sheets)

Contact Person:		**Title:**			
Address:		**Borough:**		**Zip Code:**	
Telephone Number:		**E-mail Address:**			
Indicate the Closest Train and/or Bus Line:					
List cross streets:					
Is location ADA accessible?	☐ Yes ☐ No	**Is this a NYC Public School?**	☐ Yes ☐ No		
Are "Employee Files" located here?	☐ Yes ☐ No	**Are "Customer Files" located here?**	☐ Yes ☐ No		

WIA Employee(s)

Name	*Title*	*Telephone Number*	*E-Mail Address*

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Program Site # 2 Information

Contact Person:		**Title:**			
Address:		**Borough:**		**Zip Code:**	
Telephone Number:		**E-mail Address:**			
Indicate the Closest Train and/or Bus Line:					
List cross streets:					
Is location ADA accessible?	☐ Yes ☐ No	**Is this a NYC Public School?**	☐ Yes ☐ No		
Are "Employee Files" located here?	☐ Yes ☐ No	**Are "Customer Files" located here?**	☐ Yes ☐ No		

WIA Employee(s)

Name	*Title*	*Telephone Number*	*E-Mail Address*

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List of Linkage(s)

Organization Name	*Contact Person*	*Telephone Number*	*E-Mail Address*	*Is location ADA accessible?*
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Prepared by: _____ **Title:** _____ **Date:** _____

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