**Learn & Earn Application Support Center**

**2017 Organizational Profile**

1. **Contact Information**

Organization Name: Click here to enter text.

Federal Employer Identification Number (FEIN): Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: xxxxx

Principal Contact Person: Click here to enter text. Title: Click here to enter text.

Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Email: Click here to enter text.

Has your organization served as a Learn & Earn Application Support Center before?

Yes: No:

1. **Organizational Overview and Capability**

Mission Statement:Click here to enter text.

Organization’s experience working with youth ages 14-21:Click here to enter text.

**Proposed Location of Application Support Center:** (If proposing multiple sites, please list each separately)

Address: Click here to enter text.

City: Click here to enter text. Zip Code: xxxxx

Resources that will be available to youth at this location during the application period:

Number of rooms: Number of computers/tablets: Number of staff:

Number of youth that can be assisted at full capacity on any given day:

**Additional Location (if applicable):**

Address: Click here to enter text.

City: Click here to enter text. Zip Code: xxxxx

Resources that will be available to youth at this location during the application period:

Number of rooms: Number of computers/tablets: Number of staff:

Number of youth that can be assisted at full capacity on any given day:

**Additional Location (if applicable):**

Address: Click here to enter text.

City: Click here to enter text. Zip Code: xxxxx

Resources that will be available to youth at this location during the application period:

Number of rooms: Number of computers/tablets: Number of staff:

Number of youth that can be assisted at full capacity on any given day:

**By signing below, my organization commits to be open:**

* at least three days during the week (9:00 AM to 6:00 PM) for each week of the application period; and
* two additional Saturdays (10:00 AM to 2:00 PM) during the application period; and
* at least three weekday evenings (6:00 – 8:00 PM) during the application period

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date