

Contractor Full Legal Name:		Contract #:		Service Level:	
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Program Type (check only one): **Out of School Youth Program (OSY):** OPT 1 OPT II **OST HS (ISY)**

Capricorn Responsibilities*** (Indicate from items below (only trained staff should be assigned Capricorn responsibilities.)

(P) = Program Oversight (I) = Intake & Enrollment (T) = Take Test (C) = Case Notes (E) = Exits (F) = Follow-Up

Executive Director:		Start Date:		Capricorn Responsibilities***	
Address/Floor/Suite:		Borough:		Zip Code:	
Telephone Number:		Cell Phone Number:		Fax Number:	
				E-mail Address:	

Program Director:		Start Date:		Capricorn Responsibilities***	
Address/Floor/Suite:		Borough:		Zip Code:	
Telephone Number:		Cell Phone Number:		Fax Number:	
				E-mail Address:	

EO-WIOA /ACCES-VR Liaison:		Start Date:		Capricorn Responsibilities***	
Address/Floor/Suite:		Borough:		Zip Code:	
Telephone Number:		Cell Phone Number:		Fax Number:	
				E-mail Address:	

Fiscal Contact Person:		Start Date:		Capricorn Responsibilities***	
Address/Floor/Suite:		Borough:		Zip Code:	
Telephone Number:		Cell Phone Number:		Fax Number:	
				E-mail Address:	

Capricorn Contact Person:		Start Date:		Capricorn Responsibilities***	
Address/Floor/Suite:		Borough:		Zip Code:	
Telephone Number:		Cell Phone Number:		Fax Number:	
				E-mail Address:	

"IT" Contact Person:		Start Date:		Capricorn Responsibilities***	
Address/Floor/Suite:		Borough:		Zip Code:	
Telephone Number:		Cell Phone Number:		Fax Number:	
				E-mail Address:	

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.



Administrative Site Information

Contact Person:					Start Date:		Capricorn Responsibilities***				
Address/Floor/Suite:					Borough:		Zip Code:				
Telephone Number:		Cell Phone Number:		Fax Number:		E-mail Address:					
Indicate the Closest Train and/or Bus Line:											
List cross streets:											
Is location ADA accessible?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a NYC Public School?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
						If so, specify name:					
Are "Employee Files" located here?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Are "Customer Files" located here?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Staff authorized to sign Contracts, Amendments & Budget Modifications

<i>Last Name</i>	<i>First Name</i>	<i>Title</i>	<i>Telephone Number/Ext.</i>	<i>E-Mail Address</i>	<i>Paid or Volunteer *</i>	<i>Start Date</i>	<i>Capricorn Responsibilities***</i>

Program Site #1 Information

(If you have multiple sites please complete additional sheets)

Note: "If the program site is located in a school, please indicate the name of the School."

Contact Person:					Start Date:				Capricorn Responsibilities***						
Address/Floor/Suite:					Borough:				Zip Code:						
Telephone Number:				Cell Phone Number:				Fax Number:				E-mail Address:			
Indicate the Closest Train and/or Bus Line:															
List cross streets:															
Program Hours of Operation:															
Is location ADA accessible?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a NYC Public School?				<input type="checkbox"/> Yes <input type="checkbox"/> No					
						If so, specify name:									
Are "Employee Files" located here?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Are "Customer Files" located here?				<input type="checkbox"/> Yes <input type="checkbox"/> No					

WIOA Staff

(If you have more staff, complete or insert additional sheets)

***(This list must be consistent with PBMFR. Staff is defined as all persons whether paid or volunteer engaged by contractor to provide program services at the facility.)**

Note: Please place an asterisk ()** next to the individual(s) who you would like to be copied on all program correspondence.

Capricorn Responsibilities* (Indicate from items below (only trained staff should be assigned Capricorn responsibilities.)**

(P) = Program Oversight (I) = Intake & Enrollment (T) = Take Test (C) = Case Notes (E) = Exits (F) = Follow-Up

<i>Last Name</i>	<i>First Name</i>	<i>Title</i>	<i>Telephone Number/Ext.</i>	<i>E-Mail Address</i>	<i>Full/Part Time</i>	<i>Paid or Volunteer *</i>	<i>Start Date</i>	<i>Capricorn Responsibilities ***</i>
		<i>Program Director</i>						
		<i>Case Manager/Counselor</i>						
		<i>Career /Job Development Specialist</i>						
		<i>Education Specialist</i>						

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Program Site #2 Information

(If you have multiple sites please complete additional sheets)

Note: "If the program site is located in a school, please indicate the name of the School."

Contact Person:					Start Date:				Capricorn Responsibilities***				
Address/Floor/Suite:								Borough:				Zip Code:	
Telephone Number:				Cell Phone Number:				Fax Number:				E-mail Address:	
Indicate the Closest Train and/or Bus Line:													
List cross streets:													
Program Hours of Operation:													
Is location ADA accessible?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a NYC Public School?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
						If so, specify name:							
Are "Employee Files" located here?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Are "Customer Files" located here?				<input type="checkbox"/> Yes <input type="checkbox"/> No			

WIOA Staff

(If you have more staff, complete or insert additional sheets)

***(This list must be consistent with PBMFR. Staff is defined as all persons whether paid or volunteer engaged by contractor to provide program services at the facility.)**

Note: Please place an asterisk ()** next to the individual(s) who you would like to be copied on all program correspondence.

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(P) = Program Oversight (I) = Intake & Enrollment (T) = Tab Test (C) = Case Notes (E) = Exits (F) = Follow-Up

<i>Last Name</i>	<i>First Name</i>	<i>Title</i>	<i>Telephone Number/Ext.</i>	<i>E-Mail Address</i>	<i>Full/Part Time</i>	<i>Paid or Volunteer *</i>	<i>Start Date</i>	<i>Capricorn Responsibilities ***</i>
		<i>Program Director</i>						
		<i>Case Manager/Counselor</i>						
		<i>Career /Job Development Specialist</i>						
		<i>Education Specialist</i>						

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List of Linkage(s)/Sub-Contract(s)

(If you have more Linkages/Sub-Contracts complete or insert additional sheets)
 (Note: information should be consistent with the Linkage/Sub-Contract agreement(s) as noted in your contract.)

<i>Organization Name</i>	<i>Last Name</i>	<i>First Name</i>	<i>Telephone Number/Ext</i>	<i>E-Mail Address</i>	<i>Is location ADA accessible?</i>
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Prepared by: _____ Title: _____ Date: _____

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