



Southern Nevada One-Stop Delivery System Affiliate Site Application for Designation

Organization Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Partners: _____

Date Submitted: _____

Contact Person: _____

Title: _____

Phone Number: _____

E-mail: _____

1. Provide a list of all partners located at the site and the services/resources each partner provides.

2. Provide a list of future partners to be located at the site and the services/resources each partner will provide.

3. Provide a list of any workforce development collaborative initiatives (prior or proposed).

4. Provide evidence of effective and efficient delivery of prior workforce development services.



5. Provide evidence of working relationships with One-Stop Delivery System (OSDS) partners within the Southern Nevada Workforce Development Area (SNWDA).

6. Describe the strategies in place or to be implemented for improving the local workforce development system.

7. Describe how the affiliate site intends to measure, analyze and review data in order to improve quality of services provided and system performance?