

Southern Nevada One-Stop Delivery System Affiliate One-Stop Center (AOSC) Application for Designation

Organization Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Partners (*If a consortium of partners or more than one organization is applying*):

Date Submitted: _____

Contact Person: _____

Title: _____

Phone Number: _____

E-mail: _____

Note: In the event extra space is needed to complete any item in this application, please use and attach a separate sheet of paper, type or print the name of the organization at the top of each additional sheet and indicate the page number and item number to which the answer refers.



1. Provide a list of all partners programs currently 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 and resources each partner will provide.

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

4. Provide evidence of past effective and efficient delivery of 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 continuously improving the local workforce development system.

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