



TITLE PAGE

(Please print all information on this page)

WIOA Title I Youth Services RFP

Organization/Agency Information

Name of Organization: _____

Organization's Address: _____

Contact Person: _____

Email Address: _____

Phone #: _____ **Fax#:** _____

Federal Tax I.D. #: _____

Cluster Designation (one cluster per proposal):

- Central Cluster:** _____
(Address of Service Location)
- North Las Vegas:** _____
(Address of Service Location)
- South Las Vegas:** _____
(Address of Service Location)
- Nye and Esmeralda Counties:** _____
(Address of Service Location)
- Lincoln County:** _____
(Address of Service Location)
- Re-Entry Youth:** _____
(Address of Service Location)