# Part IB: Workforce Development Partnership Signature Page

If applying as a workforce development partnership, provide contact information for each required partner for the proposed program. One of the partners must be the lead applicant and should check the “Lead Applicant” box. Other partner types may also be filled by the lead applicant.

If applying as an education attainment partnership, do not complete this page and do not submit it with your application.

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| **Adult Education Provider** |
| **Provider Type** |
| [ ]  School District [ ] Board of Cooperative Services[ ]  State Institution of Higher Education[ ]  Local District College[ ] Area Technical College[ ]  Community-Based Nonprofit Agency or Organization[ ]  Indian Tribe or Nation | [ ]  Charter School[ ]  Library[ ]  Literacy Council or Other Literacy Institute[ ]  Business Or Business Association[ ]  Volunteer Literacy Organization[ ]  Local Work Force Board[ ]  One-Stop Partner |
| [ ] Consortium of Adult Education Providers[ ] Other (if so, describe: \_\_\_\_\_\_ ) |
| **Organization Name** |  |
| **Mailing Address** |  |
| **Website** |  |
| **Lead Applicant?** | [ ]  Yes, Lead Applicant [ ]  No, Not Lead Applicant |
| **Primary Contact Information** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |

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| **Postsecondary Education or Training Provider** |
| **Provider Type** |
| [ ]  State Institution of Higher Education[ ]  Local District College | [ ] Area Technical College[ ]  Apprenticeship Program |
| [ ]  Accelerated Education and Skills Training Certificate Program(s) Provider (part 9 of article 60 of title 23, C.R.S.)[ ]  Manufacturing Career Pathway Provider (part 10 of article 60 of title 23, C.R.S.)[ ]  Career Pathway Provider (24-46.3-104, C.R.S.)[ ]  Community-based Workforce Development Program through the Colorado Customized Training Program (23-60-306, C.R.S.)[ ] Other (if so, describe: \_\_\_\_\_\_ ) |
| **Organization Name** |  |
| **Mailing Address** |  |
| **Website** |  |
| **Lead Applicant?** | [ ]  Yes, Lead Applicant [ ]  No, Not Lead Applicant |
| **Primary Contact Information** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |
| **Workforce Development Provider** |
| **Provider Type** |
| [ ]  Workforce Development Program ("Colorado Career Advancement Act", part 2 of article 83 of title 8, C.R.S.)[ ]  Program Supported by the State Workforce Development Council (article 46.3 of title 24, C.R.S.)[ ] Other (if so, describe: \_\_\_\_\_\_ ) |
| **Organization Name** |  |
| **Mailing Address** |  |
| **Website** |  |
| **Lead Applicant?** | [ ]  Yes, Lead Applicant [ ]  No, Not Lead Applicant |
| **Primary Contact Information** |
| **Name** |  | **Title** |  |
| **Telephone** |  | **E-mail** |  |
| **Signature** |  |

**Note:** If the grant application is approved, funding will not be awarded until all signatures are in place. Please attempt to obtain all signatures before submitting the application. The signatures on this page may be original, electronic or with attached email approval.