# Part B: 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 Workforce 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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| **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** |  |