

New York State Education Department
EDGE Provider Information Summary

Agency Name:

1. Please describe how EDGE IV dollars will be used to expand (or how EDGE I, II, and III dollars have expanded) your standard training program (e.g., additional or new educational, occupational, life skills components, or other EDGE services you will be able to provide with your EDGE grant):

2. Please check the appropriate box(es) to indicate which EDGE supported job readiness components you offer:

+++	+++	+++
++ Job Club	++ Life Skills	++ Action for Personal Choice
++	++	++
++ Career Counseling	++	++ Other (Life Management):

3.a. Please list below the EDGE supported Occupational Skills Training components you offer. Indicate for each component whether you provide a work experience component and/or "contextualized instruction":

<u>Occupational Skills Training</u>	<u>Work Exp.</u>	<u>Cont. Inst.</u>
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++

3.b. Please explain how you determined the local employment job market needs for training in each of the above occupation areas (attach additional pages, if necessary):

4. Please list below each EDGE supported Educational Training Program for which you provide a work experience component and/or "contextualized instruction":

<u>Educational Training Programs (e.g., ABE, GED ESOL)</u>	<u>Work Exp.</u>	<u>Cont. Inst.</u>
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++
_____	+++	+++

5. If you intend to sub-contract any of your EDGE services to other individuals or agencies, please identify those services and the individuals/agencies to which they are subcontracted:

<u>Service</u>	<u>Individual/Agency</u>
_____	_____
_____	_____
_____	_____

6. If your agency is assigned an entry to employment target, please describe your job development and job placement initiatives:

7. Please describe your agency's procedures for following-up on participants placed in employment:

PLEASE ATTACH ADDITIONAL PAGES FOR ANY QUESTIONS, AS NECESSARY.

8. Please identify the individuals at your agency to be contacted regarding the program, fiscal and other reporting purposes, including name, location and telephone number:

	<u>Name</u>	<u>Location</u>	<u>Telephone</u>
<u>Program Management</u>	_____	_____	() _____
<u>Fiscal Data/Info</u>	_____	_____	() _____
<u>Statistical Data/Info</u>	_____	_____	() _____
<u>LDSS Liaison:</u>	_____	_____	() _____
<u>Other:</u>	_____	_____	() _____

9. Print name and title of agency representative:

(Name)

(Title)

Signature, telephone and date completed:

(Signature)

() _____
(Telephone)

(Date)

PLEASE ATTACH ADDITIONAL PAGES FOR ANY QUESTIONS, AS NECESSARY.