

Workforce Accelerator Fund RFA  
Cover Page

Total Project Budget				\$
Requested Amount				\$
<b>Applicant:</b>				
Address:				
City & Zip Code:				
County:				
Designated Contact Person and Title:				
Telephone:		Fax:		E-mail:
DUNS Number:				
<b>Approval of Authorized Representative</b>				
Name:				
Title:			Signature	