



Summer Youth Connect
 Career + College Connections
Administrative Capacity Submission

Cover Page

Administrative Organization (Please use entity legal name)	
Organization Type <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> For-Profit Business <input type="checkbox"/> Government Organization <input type="checkbox"/> Other: Please Specify	
D-U-N-S No.	Federal Tax Identification No.
Contact Person for RFP Phone Number	
Address	
Mailing Address (if different)	
e-mail Address	Fax Number

I hereby declare that the information provided herein is accurate, valid and a full disclosure of requested information. I am fully authorized to represent the organization listed above, to act on behalf of it, and to legally bind it in all matters related to this application.

Printed Name	Title
Signature	Date