

**FY2022 ESLTP Technical Assistance
AGENCY INFORMATION**

PROGRAM NAME:

FY2022 Total Requested:
(maximum of \$79,000.00)

SUBMITTING AGENCY CONTACT INFORMATION	DUNS #
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CHIEF EXECUTIVE OFFICER	PROJECT ADMINISTRATOR
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Title	Title
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Agency Name	Agency Name
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Agency Address (Street)	Agency/Project Address (Street)
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Address (City, State, Zip Code)	Address (City, State, Zip Code)
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Telephone and Fax	Telephone and Fax
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E-mail	E-mail
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CHIEF FISCAL OFFICER	PROJECT COORDINATOR
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Title	Title
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Agency Name	Agency Name
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Agency Address (Street)	Agency/Project Address (Street)
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Address (City, State, Zip Code)	Address (City, State, Zip Code)
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Telephone and Fax	Telephone and Fax
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E-mail	E-mail
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The above identified individuals are authorized to act on behalf of the institution with regard to the Adult Education and Literacy Program.

Signature of Chief Executive Officer _____

_____ Date