

**FY2023 ESLTP Technical Assistance
AGENCY INFORMATION**

PROGRAM NAME: _____

FY2022 Total Requested: _____
(maximum of \$55,721.00)

SUBMITTING AGENCY CONTACT INFORMATION	DUNS #
--	---------------

CHIEF EXECUTIVE OFFICER	PROJECT ADMINISTRATOR
--------------------------------	------------------------------

Title	Title
-------	-------

Agency Name	Agency Name
-------------	-------------

Agency Address (Street)	Agency/Project Address (Street)
-------------------------	---------------------------------

Address (City, State, Zip Code)	Address (City, State, Zip Code)
---------------------------------	---------------------------------

Telephone and Fax	Telephone and Fax
-------------------	-------------------

E-mail	E-mail
--------	--------

CHIEF FISCAL OFFICER	PROJECT COORDINATOR
-----------------------------	----------------------------

Title	Title
-------	-------

Agency Name	Agency Name
-------------	-------------

Agency Address (Street)	Agency/Project Address (Street)
-------------------------	---------------------------------

Address (City, State, Zip Code)	Address (City, State, Zip Code)
---------------------------------	---------------------------------

Telephone and Fax	Telephone and Fax
-------------------	-------------------

E-mail	E-mail
--------	--------

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