**Appendix B: Project Summary Cover Page**

Statewide Layoff Aversion Program

Project Summary Cover Page

Name of Applicant:

Name of Fiscal Agent:

Vendor ID Number:

Unique Entity Identifier (UEI) Number:

Project Title:

Project Counties:

Project Partners:

Project Service Area - local township/city/municipality, and State House and Senate legislative districts to be served:

Project Summary:

Project Point of Contact and Contact Information: