Program Year 2023 Veterans Employment Program Workforce Grant

Project Summary Cover Page (2 Page Maximum)

Name of Applicant:

Name of Fiscal Agent:

Vendor ID Number:

FEIN (if Vendor ID Number not provided):

Project Title:

Project County:

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: