

FY 2018 CYEP NOFO Application  
 Appendix F  
Service Delivery Site Information

Agency Name:		Is the provider a subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Site Name:		If yes, provide the contract amount: \$			
Address:	City:	County:	Zip:		
Site Supervisor/Contact Name:		Title:			
Phone:	Fax:	Email:			
<p><b>Designate CYEP Services Provided at this Site:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Case Management Activities  <input type="checkbox"/> Supportive Services  <input type="checkbox"/> Illinois WorkNet Access/Internet Access  <input type="checkbox"/> Life Skills Education  <input type="checkbox"/> Conflict Resolution Skills  <input type="checkbox"/> Child Care Services  <input type="checkbox"/> Mentoring/Coaching  <input type="checkbox"/> Transportation  <input type="checkbox"/> Career Employment Planning  <input type="checkbox"/> Other (describe):         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Trauma Services  <input type="checkbox"/> Mental Health Services  <input type="checkbox"/> Anger Management Skills  <input type="checkbox"/> Career Education Planning  <input type="checkbox"/> Assessment Services  <input type="checkbox"/> World-Readiness Skills Training and Activities  <input type="checkbox"/> Educational/GED Support Activities  <input type="checkbox"/> Advocacy Services (Education, having disability, etc.)  <input type="checkbox"/> Individual/Family Counseling         </td> </tr> </table>				<input type="checkbox"/> Case Management Activities <input type="checkbox"/> Supportive Services <input type="checkbox"/> Illinois WorkNet Access/Internet Access <input type="checkbox"/> Life Skills Education <input type="checkbox"/> Conflict Resolution Skills <input type="checkbox"/> Child Care Services <input type="checkbox"/> Mentoring/Coaching <input type="checkbox"/> Transportation <input type="checkbox"/> Career Employment Planning <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Trauma Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Anger Management Skills <input type="checkbox"/> Career Education Planning <input type="checkbox"/> Assessment Services <input type="checkbox"/> World-Readiness Skills Training and Activities <input type="checkbox"/> Educational/GED Support Activities <input type="checkbox"/> Advocacy Services (Education, having disability, etc.) <input type="checkbox"/> Individual/Family Counseling
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<p>Provide a brief description of services to be provided to CYEP enrolled youth at this site. Include the age group(s) targeted for services and if they will be in-school or out-of-school youth, # of youth to receive each service, etc.</p>					
<p>Estimate the number of youth to receive services through this site in FY18:</p>					