

LEADERSHIP, EDUCATION, AND PATHWAYS TO EMPLOYMENT
PARTNERSHIP APPLICATION COVER PAGE

School Name:	School District:
Mailing Address:	Proposed WIB Youth Subrecipient Address:
Telephone No.:	
Contact Person:	Title:
Contact Telephone No.:	Contact Fax No.:
Contact Email:	
CERTIFICATION OF APPLICATION CONTENT: <i>I certify that the information in this application is accurate and submitted with my full endorsement. I understand schools will not receive direct program funds. The Workforce Investment Board of Tulare County will cover the cost of paid work experience wages and allowable participant support through its contracted Youth Services Subrecipients.</i> <div style="display: flex; justify-content: space-between;"><div>_____ Signature of Authorized Representative</div><div>_____ Date</div></div> <div>_____ Title of Authorized Representative</div>	