

Relationship Approval Form

Name of Person Seeking WIOA Services: _____

Name of Staff/Board Member: _____ Relationship: _____

Staff to Provide Services: _____ Job Center: _____

Proposed Funding (circle one): Adult Dislocated Worker Youth

Proposed Services to be Provided (circle all expected services):

Career Services

Classroom Training

Work Based Learning

Youth Access

Supportive Services

Other: _____

Expected Start Date: _____ End Date: _____

Estimated Cost of Proposed Services: _____

Signature of Submitting Staff: _____ Date: _____

Please Fax to the CWDB Office at 573-364-7130

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Approved Denied Reason if Denied: _____

_____ Date: _____
CWDB Executive Director