

Attachment B. TRAINING NARRATIVE - Face Sheet

A. CONTRACTOR INFORMATION

- 1. Contractor Agency Name: _____
- 2. Address: _____

- 3. Telephone Number: _____ Fax Number: _____ Email: _____
- 4. Contractor Agency Project Director (Name and Title) _____
- 5. Contractor Agency Contract Administrator Name: _____
- 5a. Contractor Agency Contract Administrator Title: _____
- 5b. Address (if different from A.2. and 3. above):

Telephone Number: _____ Fax Number: _____ Email: _____

- 6a. Contractor Agency Program Administrator Name: _____
- 6b. Contractor Agency Program Administrator Title: _____
- Telephone Number: _____ Fax Number: _____ Email: _____
- 7a. Contractor Agency Financial Contact Name: _____
- 7b. Contractor Agency Financial Contact Title: _____

Telephone Number: _____ Fax Number: _____ Email: _____

8. Name of Program (s): _____

9. Status: () Public () Private, Not for Profit () Private, For Profit

10. Contractor Agency: 1- Federal Tax ID Number: _____ 2-DUNS Number _____

11. Contractor's Financial Reporting Year _____ through _____

B. SERVICE DELIVERY SITE(S): _____

C. AREA TO BE SERVED: _____

D. SERVICES TO BE PROVIDED: _____

E. AGENCY WEB SITE: _____

(1) Service	(2) Service Code	(3) # of Persons Served	(4) # of Units of Service	(5) Definition of Unit of Service

Count all pages of Proposal Summary, stopping at Attachment C to determine the total number of pages & insert in the blank after the "of" and then delete these instructions.

Page 1 of ____

(Signature of Authorized Person)

(Printed Name of Authorized Person) (Date Submitted)