

ABE (DESE/EDIC)

FY'16 PROGRAM INFORMATION FORM

NAME OF ORGANIZATION:

NAME OF PROGRAM:

ADDRESS:

CITY:

ZIP:

EXECUTIVE DIRECTOR:

TELEPHONE:

FAX:

EMAIL:

PROGRAM CONTACT PERSON:

TELEPHONE:

FAX:

EMAIL:

AMOUNT OF AWARDS:

DESE/EDIC: \$

DESE/EDIC SLOTS:

TOTAL SERVED:

PRIMARY NEIGHBORHOOD(S) TO BE SERVICED:

PROPOSED SITE OF SERVICE DELIVERY:

OTHER KEY PARTNER(S):