

STATE USE ONLY	FORM A
Subgrant Number	
Grant Code	
Initial Plan	
Modification Date	



CALIFORNIA DEPARTMENT OF REHABILITATION
FOUNDATION FOR CALIFORNIA COMMUNITY COLLEGES
EMPLOYMENT TRAINING PANEL
SUMMER TRAINING AND EMPLOYMENT PROGRAM FOR STUDENTS (STEPS) 20198
PARTICIPATING PARTNERS FORM

Organization (Applicant) Name:

Address:

Designated Contact Person and Title:

Phone:

Email:

Please complete the following table. Include the following types of partners: local DOR District Administrator, participating schools, and participating employers. You may add additional lines to the table as needed.

Local DOR District Administrator			
Name		Contact Information	
Participating Schools			
Name	Address	Contact Person	Phone
Participating Employers			
Name	Address	Contact Person	Phone