OMB Approval No. XXXX-XXXX Expiration Date: XX/XX/20XX

Partner Contact Information for TechHire/SWFI Grantees

Below is a list of organizations that we believe to be partners for your TechHire/SWFI grant. The list was compiled through a review of your grant proposal and quarterly narrative reports. We recognize that this list may be incomplete or contain some inaccuracies, and we would like your assistance in bringing it up to date.

By partner, we mean any organization participating in activities related to the TechHire/SWFI grant. This should include partners that are receiving grant funds as well as those that are not. Some may be highly involved while others play a smaller role. These organizations can include workforce investment boards, education and training providers, employers and employer groups, support service providers (including child care programs/providers), and other types of organizations. Partners may be involved in a range of ways, including but not limited to, design of the grant program, development of curriculum, recruitment and referral, education or training delivery, supportive service delivery, job placement, provision of work-based learning, and hiring program graduates.

- Add Missing Partners. Please start by adding any partners on the TechHire/SWFI grant that are not currently listed. Please add each new partner on a separate row. If you are uncertain whether to list an organization, please include it and provide a brief explanation of the reason for your uncertainty.
- **Provide or Update Contact information.** Next, please supply contact information for partners that were added to the list or were already listed but had no contact information. Please also correct any information, as necessary, for partners who are already listed.
- Indicate Partner Involvement. Please complete the remainder of the table for each organization:
 - O Select either "yes" or "no" for whether each organization was involved in activities related to the grant.
 - O Select either "yes" or "no" for whether each organization has received grant funds.
 - O Select if the participation level of each organization in grant activities is high, medium, low, or none.
 - O Provide a brief explanation if any organization listed below was never, or is no longer, involved.

Organization Name	Contact Person Information: Name, Email, Phone Number,	Involved in Grant Activities	Received Grant Funds	Participation Level	Explanations
Anywhere County WIB	Address John Doe JDoe@mail.com 555- 1234	Yes	No	Medium	
Somewhere County Community College	John Doe JDoe@mail.co	Yes	Yes	High	

	<u>m</u> 555-1234				
ABC Company	John Doe	No	Yes	Low	
	JDoe@abc.co				
	<u>m</u> 555-1234				

Public reporting burden for this collection of information is estimated to average 60 minutes per respondent. Send comments concerning this burden estimate or any other aspect of this collection of information to the U.S. Department of Labor, Chief Evaluation Office, Room 2218, Constitution Ave., Washington, DC 20210. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is xxxx-xxxx.