

A-3B – ADMINISTRATIVE ORGANIZATION - PUBLIC AGENCIES, PARTNERSHIPS, SOLE PROPRIETOR, AND OTHER ASSOCIATIONS

PUBLIC AGENCY			
Check type of public agency:		County	City
		Other, specify:	
Name of agency providing service:			
Address:			
City:		Zip Code:	
Contact Person:		Title:	Telephone:
Attach a copy of Resolution or other legal document authorizing this application.			

PARTNERSHIPS			
Contact Person:		Title:	Telephone:
Partners	Type of Partnership	Partner Name	Business Address City and Zip Code
1st Partner	General Limited		
2nd Partner	General Limited		
3rd Partner	General Limited		
4th Partner	General Limited		

Attach a copy of the partnership agreement.

SOLE PROPRIETOR/OTHER ASSOCIATIONS

Contact Person:	Title:	Telephone:
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Sole Proprietors/other associations must also provide a list of all person(s) legally responsible for the organization.

Name	Title	Telephone

USE A SEPARATE SHEET FOR ADDITIONAL NAMES

Attach all appropriate legal documents (fictitious name statement, business license) which set forth legal responsibility of the organization and accountability for opening the program.