



Commonwealth Workforce Coalition
 A Network of Massachusetts Community-Based Workforce Development Practitioners

**Regional Catalog information form for
 CWC website**

Please provide the following information:

This information is required in order to be listed in the regional catalog at
<http://cwc.cedac.org>

(A)

Lead Contact Person: _____

Organization Name: _____

Mailing Address: _____

Lead Contact's Phone # and extension: _____

Lead Contact's Email Address: _____

Region (circle one):

Boston Central Northeast Southeast West

Type of Workforce Development Program(s) Offered [may be multiple in each column]

<u>Education</u> <input type="checkbox"/> ESOL 1 <input type="checkbox"/> ESOL 2 <input type="checkbox"/> ESOL 3 <input type="checkbox"/> ESOL 4 <input type="checkbox"/> ESOL 5 <input type="checkbox"/> Native Language Literacy <input type="checkbox"/> Pre-GED <input type="checkbox"/> GED <input type="checkbox"/> GED Test Preparation <input type="checkbox"/> Youth Educ./Employment <input type="checkbox"/> Workplace Education <input type="checkbox"/> Transition to Higher Ed Other: _____	<u>Skill Training - Industry</u> <input type="checkbox"/> Business/Computer Skills <input type="checkbox"/> Property Mgt/Maintenance <input type="checkbox"/> Construction <input type="checkbox"/> Health Careers <input type="checkbox"/> Culinary <input type="checkbox"/> Green Jobs <input type="checkbox"/> Service Industry Other: _____	<u>Employment</u> <input type="checkbox"/> Job Readiness/World of Work <input type="checkbox"/> Direct Job Placement <input type="checkbox"/> Paid Internships <input type="checkbox"/> Unpaid Internships <input type="checkbox"/> Supported Work <input type="checkbox"/> Sheltered Workshop <input type="checkbox"/> Youth Employment <input type="checkbox"/> Resume Preparation Other: _____
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(B)

Link to Organization's Website - "for further information" (if you do not list a website, then you must complete (C) below)

URL for Your Organization's Website: _____

(C)

Optional Information that may be submitted (this information must be submitted if you do not list your website).

A description of each program will be placed in a text box that will accept no more than 150 words. The description needs to include:

- program name
- program type (Either Education, Skill Training, or Employment)
- program contact person (list here only if different from lead contact person listed above - give name, phone, email address)
- targeted populations
- eligibility criteria
- duration of program participation
services & outcomes

Please use the Tools/Word Count pull down menu in MS Word to ensure there are 150 words or less for each program.