



Cornell University
Cooperative Extension
New York City



EFNEP

EFNEP ADULT COVER SHEET

(Check Correct Region) Brooklyn <input type="checkbox"/> Queens <input type="checkbox"/> Bronx <input type="checkbox"/> Manhattan <input type="checkbox"/> Staten Island <input type="checkbox"/>						
Name of CE				<p><u>DELIVERY SITE:</u></p> <input type="checkbox"/> Church <input type="checkbox"/> Community Center <input type="checkbox"/> Head Start <input type="checkbox"/> Schools <input type="checkbox"/> Youth Education Site <input type="checkbox"/> Adult Ed. & Training <input type="checkbox"/> Health Care Site <input type="checkbox"/> Public Housing <input type="checkbox"/> Libraries <input type="checkbox"/> Other: _____		
Agency Name						
Agency Address						
City, State, Zip						
Agency Telephone						
Agency Fax						
Contact Person						
Contact Title						
Contact Email						
Start Time:	# of Adult Lessons	Start Date	End Date		Volunteer(s)	
AM PM						
End Time:	School District	Community Board		1		
AM PM						
Day of the Week:	MON	TUES	WED	THURS	FRI	2
REVIEWED BY:						