Youth Services																	
Name of Local Area:	**Capital Region**	*(Type the name of local area here)*															
Name of Organization Providing Youth Services *(Provide name of organization)*	**Phone Number**	**Type of Agreement** *(Click on the cell and then the right triangle to select from the dropdown: Contract, LWDB or MOA)*	**Design Framework**	**Tutoring/ Study Skills**	**Alternative Sec. School**	**Occupational Skills Training**	**Work Experience**	**Edu. Offered Concurrently**	**Leadership Development**	**Supportive Services**	**Adult Mentoring**	**Comp. Guidance/ Counseling**	**Financial Literacy**	**Enterpreneurial Skills**	**Labor Market Information**	**Postsecondary prep./transition**	**Follow-Up**
			(Mark "x" for all program elements provided by the organization)														
Albany Community Action Partnership (ACAP)	**(518) 463-3175**	Contract	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Trinity Alliance of the Capital Region	**(518) 449-5155 x116**	Contract	x	x			x		x	x	x	x	x	x	x	x	x
Commission on Economic Opportunity (CEO)	**(518) 272-6012**	Contract	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Rensselaer ARC	**(518)272-3800**	Contract	x	x			x		x	x	x	x	x	x	x	x	x
Boys and Girls Clubs of Schenectady	**(518) 374-4714**	Contract	x	x			x		x	x	x	x	x	x	x	x	x
Cornell Cooperative Extension of Schenectady County	**(518) 372-1622**	Contract	x	x			x		x	x	x	x	x	x	x	x	x
Social Enterprise and Training (SEAT) Center	**(518) 337-8301**	Contract	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x