

**City of Los Angeles  
Economic and Workforce Development Department**

**REQUEST FOR INTEREST RESPONSE FORM**

2020 SEPTEMBER WILDFIRES DISASTER RECOVERY

NATIONAL DISLOCATED WORKER GRANT PROGRAM

**WorkSource Center:** \_\_\_\_\_

**Operator Name:** \_\_\_\_\_

We are **NOT** interested in participating in this project.

We **ARE** interested in participating in this project.

If interested in participating in this project, please provide the following information for 2020 September Wildfires DR NDWG program participants:

**Number of participants able to be served by this agency:** \_\_\_\_\_

**Funding amount requested \$**\_\_\_\_\_

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Signature of Authorized Agency Representative

Date

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Printed Name of Authorized Agency Representative