Youth Services

Name of Local Area: *Cayuga Cortland WDA*

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)														
Cayuga County Dept. of Employment & Training	**315-253-1590**	**MOA**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**IN PROCESS**	**X**	**X**	**X**
Cortland County Dept. of Employment & Training	**607-756-7585**	**MOA**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**	**x**

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