Youth Services

Name of Local Area: **Columbia Greene**

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)														
Columbia-Greene Community College	**518-828-4181**	**LWDB**	x							x	x	x					x
Columbia-Greene Community College	**518-828-4181**	**Contract**		x			x		x		x	x	x	x	x	x	
Columbia-Greene Community College	**518-828-4181**	**MOA**				x		x						x			
Catskill Central School District	**518-943-2300**	**Contract**		x	x				x		x	x	x		x		

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