Youth Services

Name of Local Area: *(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)														
Best Resource Center	**845-652-2378**	**Contract**	x	x	x		x	x	x	x	x	x	x	x	x	x	x
SUNY Orange Youth Empowerment Program	**845-341-4874**	**Contract**	x	x	x		x		x	x	x	x	x	x	x	x	x
Orange Works One Stop Center	**845-346-1100**	**Contract**				x		x									

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