**City of Los Angeles**

**Economic and Workforce Development Department**

**REQUEST FOR INTEREST RESPONSE FORM**

CALIFORNIA MEGAFIRES

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 California Megafires NDWG program participants:

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

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

Signature of Authorized Agency Representative Date

Printed Name of Authorized Agency Representative