



## Federal Work Study (FWS) Request for Services

**Instructions:** Complete all sections. Please send the complete form with the requested attachments either by e-mail to [fws@berkeleycollege.edu](mailto:fws@berkeleycollege.edu) or by fax to (973)368-9852.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### A. Agency Status (select one)

Federal or State Agency

Private, Non-profit Organization

County or City/Borough Agency

### B. Agency Mission Statement and Description of Clients Served

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### C. Agency Funding Sources

Federal

Public Donations

State

Other: \_\_\_\_\_

County/City

D. Agency Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_

### E. Agency Staffing (number of positions):

Full-time paid staff

Student Employees

Part-time paid staff

Volunteers

F. Please attach a Job Description or complete a **Job Description Form** for each position you are offering and an **Off-Campus Agreement** and attach it to this form.

G. Please attach a copy of your 501(c)(3) or other proof of tax-exempt/non-profit status to this form.