

##### **Mobile Career Center Scheduling Form**

Complete this form, save it and e-mail to: **Lorena.Clark@deo.myflorida.com**

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| **Scheduling Entity:** |  |
| **Contact Person** |  |
| **Phone/Email:** |  |
| **Activity Planned:** |  |
| **Location/Address of Activity:** |  |
| **Date of Activity:** |  |
| **Date/Time of Arrival:** |  |
| **Date/Time of Departure:** |  |
| **Method of Payment:** |  |
| **Billing Address:** |  |
| **Onsite Staff Plans:** |  |
| **{Local Workforce Development Boards should indicate which grants should be charged}** |
| **Are public toilet facilities accessible?  Yes   No *{If not, scheduling entity will be responsible for providing potable facilities}*** |
| **Is secured onsite storage for the Mobile Career Center available at the planned site?** **Yes  No** |