**KEE Suite**

**Adding Service Provider & Offering Information**

January 2020

Service Provider Name:

Service Provider Address:

Service Provider County:

Service Provider Phone Number:

Organization Type (i.e., Non-Profit; For Profit; Career Center):

Organization Description (minimal):

Service Provider FEIN #:

Organization Mission Statement (minimal):

Offering Name (Service Provider):

CIP Code (For Job Position):

Participant Job Title:

Supervisor Name:

Supervisor Email:

Location Address:

Offering Type:

Program Funding of Offering:

Offering Length:

Type of Degree/Certification to be Awarded: