

SKILLED WORKER PROGRAM

APPLICATION

Organization Summary Information

Please use a minimum of 11 point type in all responses

Identifying Information- Mandatory			
Organization Name:		Tax Identification Number (TIN):	
DUNS :		UBI:	
Mailing Address:		City:	State:
Telephone:		Website:	
Industry:			

Are you a certified Minority or Woman Owned Business? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Check organization type		
<input type="checkbox"/> For profit	<input type="checkbox"/> State agency	<input type="checkbox"/> County agency
<input type="checkbox"/> Private nonprofit	<input type="checkbox"/> Federally recognized tribe	
<input type="checkbox"/> Public nonprofit	<input type="checkbox"/> Other, please describe	
Check legal status of organization		
<input type="checkbox"/> For profit	<input type="checkbox"/> Government	
<input type="checkbox"/> Private nonprofit	<input type="checkbox"/> Federally recognized tribe	
<input type="checkbox"/> Public nonprofit	<input type="checkbox"/> Other, please describe	
Grant Amount Requested:		

Contact Information-Mandatory		
	Contact Person for Application Questions	
Name:		
Phone:		
Email:		
Authorized Official's Signature -Mandatory		
<p>To the best of my knowledge, all data and information in this application are true and correct. As the Applicant, we will comply with the guidelines of this application if funds are awarded. The signature below constitutes assurance that the information provided in this Application accurately represents the applicant's plans, activities and projected goals; and acknowledges the applicant understands that the above-mentioned, along with the approved budget, will be incorporated by reference in the Contract with the Washington State Department of Commerce.</p>		
_____ Name (typed or printed)		_____ Title
_____ Authorized Signature		_____ Date

Conflict of Interest-Mandatory		
Will any current or former Washington state employees be paid for participating in this project or do they serve on any board of directors involved in this project as of the date of this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please indicate their position and responsibilities. *If following a review of this information Commerce determines a conflict of interest exists, the Applicant may be disqualified from further consideration.		

Required Information	
1. What is the total value of the applicant agency's contribution?	
a. Cash:	
2. What is the total value of the industry partners' contribution?	
a. Cash:	
Part 1 and Part 2 of this application are broken up into two sections. Existing programs and new programs.	
Is this a new program? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, skip down to new programs only section.
Is this an existing program? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, continue with next section, then skip down to Part 3.

Part 1: EXISTING PROGRAMS ONLY

(If you are applying for a new program skip down to next section)

What is the cost for one participant to complete training? (Existing Program)

What is the cost per participant for recruitment and outreach? (Existing Program)

1. Select the type of skilled worker training currently offered:

- ☐ accredited educational training program ☐ occupational education training
☐ apprenticeship ☐ pre-apprenticeship ☐ or similar training program

a. If you selected “similar training program” or “pre-apprenticeship” from the list above provide a description here, including the connection to Apprenticeship:

2. The skilled worker training program will award upon completion:

- ☐ an industry- or state-recognized certificate ☐ a credential
☐ an associate’s degree ☐ a professional license ☐ or similar evidence of achievement

a. If you selected “similar evidence of achievement” from the list above provide a description here:

Part 2: EXISTING SKILLED WORKER PROGRAM HISTORY

Describe existing skilled worker training program. *Up to one (1) page in length.*

Description should include:

- Program history, including number of years in operation and location of training facilities
- Outreach and recruitment efforts, including successes and challenges, and staff responsibilities
- Career pathways curriculum linked to opportunities for advancement
- How business/industry need has been identified and met by this program

Part 1: NEW PROGRAM ONLY

What is the cost for one participant to complete the training? (New Program)

What is the cost per participant for recruitment and outreach? (New Program)

1. Select the type of skilled worker training to be offered:

- ☐ accredited educational training program ☐ occupational education training
☐ apprenticeship ☐ pre-apprenticeship ☐ or similar training program

b. If you selected “similar training program” or “pre-apprenticeship” from the list above provide a description here, including the connection to Apprenticeship:

2. The skilled worker training program will award upon completion:

- ☐ an industry- or state-recognized certificate ☐ a credential
☐ an associate’s degree ☐ a professional license ☐ or similar evidence of achievement

b. If you selected “similar evidence of achievement” from the list above provide a description here:

Part 2: NEW PROGRAM EXECUTIVE SUMMARY

Address the following: Up to one (1) page in length

- Overview of organization applying for the grant
- How the new program will meet the mission of the organization, include the mission statement
- Current staff responsibilities related to this new program, if any
- Location of training facilities
- Career pathways curriculum linked to opportunities for advancement
- How business/industry need was identified

Part 3: SKILLED WORKER PROGRAM OUTREACH AND RECRUITMENT PLAN (Both New and Existing Programs)

Provide a thorough description that addresses each item below: Up to four (4) pages in length; not including the questions themselves.

3. Name of training program offered to workers:
4. Name the skills workers will learn in the training:
5. Describe how the grant funds training program will do:
Outreach
Awareness about education, training, and employment opportunities
Recruitment
6. Describe how you plan to reach potential workers. (Examples: hire a recruiter to reach unrepresented people, record and present new video including non-traditional people in the industry, etc.)
7. How will you reach stakeholders who can increase participation from potential workers? (Examples: contribute in sector partnership, connections with the workforce center, training provider groups, industry groups, etc.)
8. How will you advertise to Washington workers?
Passive examples: recruiting events, tracking website hits, number of applications submitted, number of brochures distributed, recruiter job descriptions.
Active examples: phone call responses, emails from inquirers, completed enrollment, number of applicants contacted vs enrolled.
9. The grant cannot be used for tuition, tuition subsidies or to reduce tuition for a skilled worker program. Explain funding for trainee costs. (Example: agreement signed with industry partner or workforce partner.)
10. Grant Goal: Reaching a diverse audience. Describe how the awareness program address reaching a diverse audience, including:
Reaching people with barriers identified in the state's comprehensive workforce training and education plan? (refer to page two (2) of the application guidelines)
Reaching people in underserved or rural communities?

11. Describe any known employment requirements that may limit the employment prospects of the audience(s) targeted by the awareness program. Explain if and how the awareness program proposes to address these requirements. For example: Is employment in the targeted industry or occupation limited to persons with no past criminal convictions? Does employment in the targeted industry or occupation require clean drug tests, including for recreational marijuana?
12. Grant Goal: Increase the number of skilled workers enrolled in the program.
Define “significant” enrollment increase for existing programs.
For existing programs: (over a five-year period, if available)
Number of past participants:
Number of current participants:
State the number of expected new program participants?
Describe how you will track enrollment.
Describe the program’s impact to the industry.
13. Grant Goal: Number of workers finishing program.
Define what “program completion” looks like. (Examples: Name of certificate earned, A.A. degree in Hospitality, LPN, etc.)
How long does it typically take to complete this certificate or credential?
Describe skills taught.
What jobs will workers qualify for when done?
For past programs hosted: (less than 5 years)
How many people enrolled in program?
How many people completed program?
14. Grant Goal: Fill gaps for skilled workers in the industry.
Describe specific industry needs or workforce gaps participants will fill.
15. Describe how the program will create a qualified, trained, and eligible workforce. (Include current data.) Labor Market Information can be found here: <https://esd.wa.gov/labormarketinfo>
16. Any other meaningful details you would like to address (E.g. In-kind contributions by applicant/partner, any barriers foreseen for workers you are trying to reach, employability, are their minimum requirements for hiring workers they may need to overcome, will these be addressed)

Part 4: INDUSTRY PARTNERSHIPS

1. Describe your organization's mission and principal programs. (250 word limit):

A. Complete the chart below describing relationships with business and industry partners, connections and networks. Include both existing and anticipated partnerships.

** See example on Attachment 1

Partner/ Connection and Industry	Nature of Relationship	Grantee Contribution (cash)	Partner Contribution (cash)	Duration of Partnership

B. Narrative – Expand upon the information in the chart above, include the following: Up to one (1) page in length.

- Details of partnership history/development
- How program works with partners to ensure industry gaps are identified and needs will be met
- How match agreements were determined
- Explain the positive outcomes/benefits of the skilled worker training program for all partners, including applicant

Part 5: PROPOSED BUDGET

Directions: Complete the following table for matching grant budget requested. The proposed matching grant budget must identify the costs that will be invoiced to the Dept. Of Commerce for reimbursement. Cost Categories shown are examples, utilize the categories that apply and specify additional categories under "other". Up to two (2) pages in length.

**See example on Attachment 2

Cost Categories	Description	Cost
Personnel		
Administration (not to exceed 10% of total budget)		
Travel		
Supplies		
Printing		
Technology		
Contracting		
Other		
Other		
Other		
Total Program Proposed Budget		
Total Cash Match		
a. Applicant		
b. Partners		
Total In-kind Match		
a. Applicant		
b. Partners		

Attachment 1

Matching Grant Industry Partnerships

Example Chart

Partner/Connection and Industry	Nature of Relationship	Grantee Contribution (cash or in-kind)	Partner Contribution (cash or in-kind)	Duration of Partnership
Example 1: ABC Bank Financial Services	Workforce Development Board (WDB) Membership	* If funded - Monthly community recruitment events to be held at ABC Bank for incumbent and new employees	1. Serve on Grantee's Board 2. *If funded - will interview program completers with hopes to hire	CFO serves on WDB, in second year of a three year term. Appointment end date October, 2019
Example 2: TLC Hospital Health and Wellness	MOU	In kind - classroom space, valued at \$2,500 per credit hour	1. \$20,000 class instructor 2. If funded - \$9,000 for video production work by AmeriCorps VISTA member	MOU signed September, 2016
Example 3: Acme Technology Technology and Information	1.Community survey input to determine industry need	Industry-recognized certificates earned by training participants	1. Program currently has \$4,020 cash in-hand from employer 2. \$10,00 for	Program has offered Acme Technology employees stackable credential training since 2010
Example 4: TalentFound Infrastructure Engineering	Charter Affiliate	Further the Talent Development Network	*New - Anticipate program enrollees through this connection as potential trainees access resources for their career pathway	June 30, 2017
Example 5: Eligible Training Providers List Food & Agriculture	In process	Recognized by post-secondary education as an approved provider	*New — Potential trainees, career consultants and employers can access an approved provider	Have applied for acceptance through local American Job Center (aka Workforce Center), plan to be approved by date grant funding begins
Example 6: Sector Partnership Advanced Manufacturing	Business to business connections	Program division head serves on youth committee	Industry connections, able to update curriculum based on feedback from partners in this partnership	Program CEO served on steering committee since 2015

Attachment 2

Matching Grant Budget

Sample Chart (Information below is to clarify the desired level of detail)

Cost Categories	Description	Cost
Personnel a. Recruiter (1FTE)	a. \$XX per hour, XX hours per week, salary and benefits for XX weeks	a.\$28,000
Operating a. Staff set up b. Bookkeeping	a. hiring advertisement — 2 newspapers for \$150 each b. \$30 per hour at 10 hours per month for 16 months	a.\$300 b.\$4,800 TOTAL \$5,100
Travel a. Mileage reimbursement b. Hotel	a.1,500 miles at \$.48 per mile b. 6 nights in Durango at \$105 per night	a.\$720 b.\$630 TOTAL \$1,350
Supplies a. Copy paper b. Office Supplies for Recruiter	a. two cartons for \$37.50 each b. lap top case	a. \$75 b. \$25 TOTAL \$100
Printing a. Business cards	a. 500 business cards	a. \$68
Technology a. Cell phone b. Lap top	a. phone at \$250. Monthly bill - \$65 including maintenance for 17 months b.\$1,200	a.\$1,355 b.\$1,200 TOTAL \$2,555
Contracting a. Marketing firm b. Web page designer	a. 200 hours at \$70 per hour b. 100 hours at \$45 per hour	a. \$9,827 b. \$4,500 TOTAL \$14,327
(Other)Video production	a. 200 hours at \$60 per hour	\$8,500
Total Program Proposed Budget		\$60,000

Total Cash Match		\$ 40,000
a. Applicant	a.\$ 30,000	
b. Partners	b.\$10,000	
Total In-kind Match		\$ 26,600
a. Applicant	a.\$16,600	
b. Partners	b.\$10,000	