**Skilled Worker Awareness Training Program (SWA)**

|  |
| --- |
| **What is Washington Skilled Worker Outreach, Recruitment, and Career Awareness Training Program (SWA)** |
| Overview: Washington SWA Program is created to increase the state’s skilled workforce by raising awareness of, and enrollment in, accredited educational, occupational, state-approved pre-apprenticeship, apprenticeship, and similar education and training programs. These programs: Educate and train individuals to perform skills needed in the workforce and award industry or state recognized certificate, credentials, associate degrees, professional license, or similar evidence of achievement but not including bachelor’s or higher degree.  Under the grant program, Commerce must award matching grants to eligible applicants that will engage in outreach and recruiting efforts to increase enrollment in and completion of worker education and training programs. Recipients must provide a matching cash contribution of two dollars for each one dollar of the grant. The recipient’s match may not be in the form of in-kind contributions.  **Eligible Applicants:** Any government entity or any nongovernment entity, association, or organization that offers, or plans to offer, a skilled worker awareness program and has partnered with an industry to either offer or fund a skilled workers awareness program. Private vocational schools are not eligible. The Applicant must be licensed to perform work in Washington State. They must also be registered and maintain their status as a for profit or nonprofit entity, with the Secretary of State’s Office.  SWA grants are used to:   * Raise awareness of the state’s worker training programs; and * Increase the skills of citizens through education, training, certifications, and employment.   The Department of Commerce administers the grant program, application process and contracting.  Contact: Jaclyn Perez, Program Manager  [Jaclyn.perez@commerce.wa.gov](mailto:Jaclyn.perez@commerce.wa.gov)  360-725-4049  1011 Plum St. SE  P O Box 42525  Olympia, WA 98504-2525  Grant applications are accepted annually January 1 – February 21. Beginning 2018  Grant award amounts: Commerce has $40,000 in funding for this Grant Application Round.  Highest priority for 2020 grant funding will be given to awarding 1 to 2 grants in the range of $20,000-35,000. Proposals for smaller grant awards ranging from $1,000-$20,000 will be considered. All proposals must have a $2 cash match for every $1 in grant funds awarded. *\*Commerce has the discretion to negotiate dollar amounts of approved awards.*  **Grants are awarded April 1 each year following the application submittal deadline.**  **Contract Performance period: Contract Execution – June 30, 2021.**  **Reporting requirements will be for two (2) subsequent years, following the end date of the contract.** |
| **This document contains information, criteria, and application materials needed to apply for the Skilled Worker Awareness Program funds. Only complete applications submitted within the acceptance timeframe will be considered for funding.** |
| ***Milestones Dates***  Applications available January 1  Applications due February 21  Applicants notified of award by April 1  Grants begin Upon contract execution |

**APPLICATION PROCESS**

What do I need to include with my application?

* Budget, including narrative page and information on leveraged resources
  + Administrative costs may not exceed 10% of the total budget.
* Specific items to address in narrative questions
  + Brief description of the project, including project goals
  + Project information
    - Description of how the State matching grant will be used to provide outreach, education, and recruitment for training program
    - Description of the training programs the applicant plans to promote.
    - Skills taught by training program
    - Number of years the training program has been in operation
    - Description of how the training program will or does address reaching a broad diverse audience, including populations with barriers as identified in the state's comprehensive workforce training and education plan, through their recruitment and outreach effort. Under the plan, 14 populations were designated as those with barriers:

|  |  |
| --- | --- |
| *Displaced Homemakers* | *Youth in, or formerly in, Foster Care* |
| *Low-Income Individuals* | *English Language Learners* |
| *Native Americans, Alaska Natives, and Hawaiians* | *Migrant/Seasonal Farmworkers* |
| *Individuals with Disabilities* | *Individuals within Two Years of Exhausted TANF Eligibility* |
| *Older Individuals* | *Single Parents/Pregnant Women* |
| *Ex-Offenders* | *Long-Term Unemployed* |
| *Homeless Individuals* | *Veterans* |
| *“Other Groups” Designated by the Governor* | |

* Description of how the program will or does address reaching underserved and/or rural communities, if applicable. Underserved and Rural communities are defined as: *any group, area, population, or community that has disproportionate access to resources and/or disproportionate needs for resources.* 
  + - Enrollment information for the training program
    - Projected enrollment
    - If program has been in existence: past, current and projected enrollment. Provide estimated increases in enrollment with matching grant award; and applicant must provide a comparison of the number of participants who complete the program over a five-year period, if available.
    - How the training program will or does address specific industry needs or gaps in the workforce.
    - Description of intended or existing partnerships with industry members, including those where training program participants will have the opportunity to earn income or credit hours.
    - Costs, or the anticipated costs, to implement the Skilled Worker Awareness Program.
    - Matching grant dollars the *applicant* will commit, with description and documentation of confirmation.
    - If the applicant already has an awareness program, describe existing resources the applicant has invested in recruiting, outreach, and funding of its skilled workers awareness program.

**APPLICATION REVIEW PROCESS**

The Skilled Worker Awareness Program review committee will convene to assess proposals that meet minimum criteria to be considered for funding. The review committee will make recommendations to the Director of Commerce based on the evaluation criteria established.

Recommendations will be forwarded to the Director for final approval. Applicants will be notified via email from Commerce program staff regarding proposal status prior to April 1 of each year.

**GRANT FUNDS**

Recipients of the grant must provide matching *cash* funding. The recipient’s match must be two dollars for each one dollar of the grant. The recipient’s match may not be in the form of in-kind contributions.

Grant recipients may not use matching grants for tuition subsidies or to reduce tuition for any training program.

**Allowable Costs:**

All expenditures submitted for reimbursement under this grant must be necessary and reasonable for the approved grant project.

The following expenditures are explicitly prohibited. Funds from State matching grants may not be used for:

* Tuition subsidies or to reduce tuition for any training program.
* Alcohol

***Cash Match:***

Required documentation: Quarterly funding match report. A report of grant recipient’s total cash match contributed is required at the end of each quarter, before any grant payment will be issued. All costs expended for program purposes must be tracked regardless of funding source. All allowable matching expenditures should be reported even when the total of those expenditures is greater than the two dollar to one dollar match requirement. Tracking total match expenditures assists in more accurately representing total investment for legislative reporting.

***Goods & Services:***

Required documentation: Documentation of payment of invoice for goods and services purchased that were used directly in the engagement of outreach and recruiting efforts to increase enrollment in and completion of worker education and training program.

***Travel:***

Required documentation: Documentation of payment for travel directly related to the engagement of outreach and recruiting efforts to increase enrollment in and completion of worker education and training program.

Since these are state funds, travel will be reimbursed at the current per diem rates.

**Invoicing:**

Funds for this grant must be claimed on a reimbursement basis. No payments in advance of or in anticipation of goods or services provided under this grant shall be requested or paid. All costs must be reported for the period incurred.

Reimbursement requests must be submitted quarterly. All costs must be submitted for reimbursement with the following deadlines.

**INVOICING DEADLINES**

***For Expenses incurred: Invoices no later than***:

April 1 – June 30 July 15

July 1 – September 30 October 15

October 1 – December 31 January 15

January 1 – March 31 April 15

**Expenditure Accounting:**

The grant recipient shall maintain all financial records according to generally accepted accounting procedures (GAAP) and have internal financial control systems in place to ensure that expenditures against the grant are reasonable and appropriate and that accounting records sufficiently and properly reflect all costs expended in performance of the matching grant.

**Monitoring:**

Commerce program staff may schedule monitoring visits during and after the grant period to evaluate the fiscal progress and performance of the program and provide technical assistance. The purpose of monitoring is to ensure statutory and contractual compliance on the part of grant recipients. To ensure compliance with grant requirements and to ensure that financial records support program expenditures, Commerce staff may schedule on-site visits.

* *Audit Requirements*

If a Skilled Worker Awareness Program grant and/or program are audited by an agency, a copy of the audit report(s) must be submitted to Commerce within 30 days of issuance.

**REPORTING REQUIREMENTS**

***Quarterly:***

Each grant recipient shall submit a quarterly report to the grant review committee on the outcomes achieved. Commerce will provide the reporting template. The report will require the grant recipient to report on the following measurable outcomes quarterly:

* The manner in which the grant recipient has used the matching grant for outreach and recruitment.
* The number of participants enrolled in and the number of participants who completed the training program being promoted, both before the matching grant was awarded and since the matching grant was received.
* The number of participants who obtained employment in an industry for which the participant was trained under the training program promoted by the recipient, including information about the industry in which the participants are employed.
* The number of participants recruited.
* The manner in which the grant recipient has reached populations with barriers and the outcome of such outreach.
* The manner in which the grant recipient has reached underserved/rural communities, if applicable.
* Number of individuals registered as apprentices (if applicable)

Reports must be submitted quarterly with invoice requests, based on the deadlines outlined under invoicing deadlines.

***Annually:***

Each grant recipient shall submit an annual report to the grant review committee on the outcomes achieved. Commerce will provide the reporting template. The report will require the grant recipient to report on the following measurable outcomes:

* The manner in which the grant recipient has used the matching grant for outreach and recruitment.
* The number of participants enrolled in and the number of participants who completed the training program being promoted, both before the matching grant was awarded and since the matching grant was received.
* The number of participants who obtained employment in an industry for which the participant was trained under the training program promoted by the recipient, including information about the industry in which the participants are employed.
* The number of participants recruited.
* The manner in which the grant recipient has reached populations with barriers and the outcome of such outreach.
* The manner in which the grant recipient has reached underserved/rural communities, if applicable.
* Participant wage data

Grant recipients will complete annual reports due by July 15 following the year the matching grant was first awarded and two subsequent years after. The reporting template will be emailed by Commerce to the grant recipient by early June of the year the report is due.

***Legislative Reports:***

Each year beginning December 1, 2019, and by each December 1 thereafter, the grant review committee will submit an annual report to the governor and appropriate committees of the legislature in accordance with the reporting requirements in RCW 43.01.036. The legislative report will include the annual reports submitted by the grant recipients and the following information:

* The number of matching grants awarded in the prior year, including the amount, recipient, and duration of each matching grant
* The number of individuals who enrolled in and completed training programs promoted by each grant recipient
* The number of individuals who obtained employment in a position that uses the skills for which they were trained through a training program promoted by a grant recipient
* Any other information obtained from the grant recipients’ quarterly and annual reports

**BUDGET REVISIONS**

Commerce must approve any revisions to matching grant budget, if there is more than a 10% variation in expenditure levels by main budget categories.

**RECORDS RETENTION**

Financial management systems shall reflect accurate, current, and complete disclosure of financial results of each state funded project/program. Grant recipients are to maintain books and records, supported by source documentation, that sufficiently and properly reflect the source of funds and all costs expended for program purposes. These records and financial statements are subject to inspection, review, reproduction, and/or audit by Commerce or its designees for at least six years after the dispersal of funds, the termination or expiration of the grant, or the resolution of litigation or audits related to the program, whichever is latest.

***In addition to financial records and supporting match documentation, the following documentation must be retained by the grant recipient.***

* *Trainee Records*

Trainee records must be retained for each program participant, to include but not limited to: training enrollment and attendance records, pre- and post- assessments, accomplishments, certificates of completion, credentials, degree achieved, licenses or any similar evidence of achievement/completion of training. Also records of training participants employed and in what industry.

**TERMINATION**

This matching grant may be terminated by Commerce upon giving notice in writing to the grant recipient at least thirty (30) days in advance of the date of termination. If the grant is terminated for any reason, all reports and data gathered by grant recipient prior to termination shall at the option of Commerce, become property of Commerce. If termination occurs pursuant to this section, reimbursement to grant recipient shall be made on the basis of work performed prior to the effective date of termination as mutually agreed upon by both parties. Determination of final adjustments, either payments or refunds, shall also be mutually agreed upon by both parties.

* *Termination for Cause*

If for any reason, the grant recipient violates any terms and conditions of the program, Commerce will give the grant recipient notice of failure or violation. Grant recipient will be given the opportunity to correct the violation or failure within thirty (30) days. If failure or violation is not corrected, this grant may be terminated immediately by written notice from Commerce.

* *Funding*

In the event funding from the state or other sources is withdrawn, reduced, or limited in any way after the effective date of the matching grant and prior to normal completion, Commerce may terminate the grant under the “Termination” clause, without the thirty-day notice requirement; in lieu of termination, the grant may be subject to renegotiation at Commerce’s discretion to reflect new funding limitations and conditions.

**APPLICATION INSTRUCTIONS**

**Application Submittals**

Commerce requires applicants to submit both an electronic and hard copy application.

**Electronic Submittals**

Applicants are required to submit an electronic copy of the application to the Program Manager at the email address noted below and it must be received by 12:00 p.m. (PST) on 2/21/2020.

Commerce will send a receipt of confirmation once it receives an application, however the agency does not assume responsibility any e-mail delivery problems.

Late applications in either electronic will not be accepted and will be automatically disqualified from further consideration. Applications must be received by the deadlines for an application to be considered.

Failure to respond to any portion of the procurement document may result in rejection of the application as non-responsive. All applications and any accompanying documentation become the property of Commerce and will not be returned.

Submission of an application does not guarantee that applicants will receive funds.

**Application Evaluation Procedure**

Applications will be reviewed and ranked by the Skilled Workers Awareness Program Review Committee, on the following:

1. Likelihood to reach a broad and diverse audience, including populations with barriers as identified in the state’s comprehensive workforce training and education plan, through recruitment and outreach efforts.
2. Likelihood to reach audiences from underserved and/or rural communities as defined as any group, area, population, or community that has disproportionate access to resources and/or disproportionate needs for resources.
3. Degree to which program design collaborates with and utilizes Centers of Excellence within the community and technical college system.
4. Likelihood to significantly increase enrollment and completion of the training program the applicant plans to promote.
5. Whether program helps fill existing needs for skilled workers in the market.
6. Demonstration of the following elements, in this order: Evidence the applicant will provide monetary contributions from its own resources and that the applicant has secured: an industry partner; or monetary contributions from an industry partner, conditional job placement guarantees, or articulation agreements.

Successful Applicants must have a valid and current Washington State Business license.

Successful Applicants must not be debarred from entering into business with, or receiving funds from, the federal government.

**Evaluation and Selection Process**

General criteria used in the selection process include:

1. Description of how the matching grant will be used to provide outreach, education, and recruitment for training program.
2. Description of the training programs the applicant plans to promote

* Skills taught by training program
* Number of years the training program has been in operation

1. Enrollment information for the training program

* Projected enrollment
* If program has been in existence: past, current and projected enrollment. Provide estimated increases in enrollment with matching grant award; and applicant must provide a comparison of the number of participants who complete the program over a five-year period, if available.

1. How the training program will or does address specific industry needs or gaps in the workforce.
2. Description of intended or existing partnerships with industry members, including those where training program participants will have the opportunity to earn income or credit hours.
3. Description of intended or existing partnerships with local Workforce Development Council or ADO (Associate Economic Development Organizations).
4. Costs or the anticipated costs to implement the Skilled Worker Awareness Program.
5. Matching grant dollars the applicant will commit.
6. If the applicant already has an awareness program, describe existing resources the applicant has invested in recruiting, outreach, and funding of its skilled workers awareness program.

**Unsuccessful Applicant Notification**

Unsuccessful Applicants will be notified by e-mail.

**Debriefing of Unsuccessful Applicants**

A debriefing conference may be requested from an unsuccessful Applicant. The request must be received by the Program Manager within three business days after receiving email notification.

Discussion will be limited to a critique of the requesting Applicant’s application. Comparison evaluation of the other proposals will not be discussed. A debriefing conference may be conducted in person or on the telephone and will be scheduled for a maximum of one hour.

**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**: | **Zip**: |
|  |  |  |  |
| **Telephone:** | **Website:** | | |
|  |  | | |
| **Industry:** | | | |
|  | | | |

|  |
| --- |
| **Are you a certified Minority or Woman Owned Business?**  No  Yes |
| **Check organization type** |
| For profit  State agency  County agency  Private nonprofit  Federally recognized tribe  Public nonprofit  Other, please describe |
| **Check legal status of organization** |
| For profit  Government  Private nonprofit  Federally recognized tribe  Public nonprofit  Other, please describe |
| **Grant Amount Requested:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Contact Information-Mandatory** | | |
|  | Contact Person for Application Questions |  |
| Name: |  |  |
| Phone: |  |  |
| Email: |  |  |
|  | | |
| **Authorized Official’s Signature -Mandatory** | | |
| 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.  \_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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? | Yes | 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?*   No  Yes If yes, skip down to new programs only section.  Is this an existing program?  No  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 |
| 1. If you selected “similar training program” or “pre-apprenticeship” from the list above provide a description here, including the connection to Apprenticeship: |
| 1. 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 |
| 1. 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 | | 1. If you selected “similar training program” or “pre-apprenticeship” from the list above provide a description here, including the connection to Apprenticeship: | | 1. 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 | | 1. 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. |
| 1. Name of training program offered to workers: 2. Name the skills workers will learn in the training: 3. Describe how the grant funds training program will do:    1. Outreach    2. Awareness about education, training, and employment opportunities    3. Recruitment 4. 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.) 5. 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.) 6. How will you advertise to Washington workers?    1. Passive examples: recruiting events, tracking website hits, number of applications submitted, number of brochures distributed, recruiter job descriptions.    2. Active examples: phone call responses, emails from inquirers, completed enrollment, number of applicants contacted vs enrolled. 7. 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.) 8. Grant Goal: Reaching a diverse audience.Describe how the awareness program address reaching a diverse audience, including:    1. Reaching people with barriers identified in the state's comprehensive workforce training and education plan? (refer to page two (2) of the application guidelines)    2. Reaching people in underserved or rural communities?    3. 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? 9. Grant Goal: Increase the number of skilled workers enrolled in the program.    1. Define “significant” enrollment increase for existing programs.    2. For existing programs: (over a five-year period, if available)       1. Number of past participants:       2. Number of current participants:    3. State the number of expected new program participants?    4. Describe how you will track enrollment.    5. Describe the program’s impact to the industry. 10. Grant Goal: Number of workers finishing program.     1. Define what “program completion” looks like. (Examples: Name of certificate earned, A.A. degree in Hospitality, LPN, etc.)     2. How long does it typically take to complete this certificate or credential?     3. Describe skills taught.     4. What jobs will workers qualify for when done?     5. For past programs hosted: (less than 5 years)        1. How many people enrolled in program?        2. How many people completed program? 11. Grant Goal: Fill gaps for skilled workers in the industry.     1. Describe specific industry needs or workforce gaps participants will fill.     2. 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> 12. 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): |
| 1. 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 | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. 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 identifies 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   1. Applicant 2. Partners |  |  | | Total In-kind Match   1. Applicant 2. 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 | 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, 2018 |
| recruitment events to be held at ABC Bank for incumbent and new employees |
| 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  2.Training partner | Industry-recognized  certificates earned by  training participants | 1. Program currently has $4,020 cash in-hand from employer 2. $10,00 for training supplies | 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 | a. hiring advertisement — 2 newspapers for $150 each | a.$300 |
| b. Bookkeeping | b. $30 per hour at 10 hours per month for 16 months | b.$4,800 |
|  |  | **TOTAL $5,100** |
| **Travel**   1. Mileage reimbursement | a.1,500 miles at $.48 per mile | a.$720 |
| 1. Hotel | b. 6 nights in Durango at $105 per night | b.$630 |
|  |  | **TOTAL $1,350** |
| **Supplies**  a. Copy paper | a. two cartons for $37.50 each | a. $75 |
| b. Office Supplies for Recruiter | b. lap top case | b. $25 |
|  |  | **TOTAL $100** |
| **Printing**  a. Business cards | a. 500 business cards | a. $68 |
| **Technology**   1. Cell phone | a. phone at $250. Monthly bill - | a.$1,355 |
|  | $65 including maintenance for 17 months |  |
| 1. Lap top | b.$1,200 | b.$1,200 |
|  |  | **TOTAL $2,555** |
| **Contracting**  a. Marketing firm | a. 200 hours at $70 per hour | a. $9,827 |
| b. Web page designer | b. 100 hours at $45 per hour | b. $4,500 |
|  |  | **TOTAL $14,327** |
| **(Other)Video** production | a. 200 hours at $60 per hour | $8,500 |
| **Total Program Proposed** |  | **$60,000** |
| **Budget** |  |  |
| **Total Cash Match** |  | **$ 40,000** |
| 1. Applicant | a.$ 30,000 |  |
| 1. Partners | b.$10,000 |  |
| **Total In-kind Match** |  | **$ 26,600** |
| 1. Applicant | a.$16,600 |  |
| 1. Partners | b.$10,000 |  |