Grant Application

**SECTOR PARTNERSHIP**

**NATIONAL EMERGENCY GRANT**

**(SP NEG)**

Office of Employment and Training

Updated: September 28, 2015

****Illinois Department of Commerce and Economic Opportunity

Grant Application Cover Page

SECTOR PARTNERSHIP NATIONAL EMERGENCY GRANT

DCEO Use Only:

Application #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Section 1: Applicant Information |
| --- |
| 1.1 | **Legal Name of Applicant:** *(Attach copy of W-9)* |       |
| 1.2 | **Address of Applicant:***(Include your extended 9-digit zip code):* |       |
| 1.3 | **Chief Officer:***(If more than one, attach a list with all Officers)* | Name: |       |
|  |  | Title: |       |
|  |  | Address: |       |
|  |  | Phone: |       |
|  |  | Fax: |       |
|  |  | E-Mail: |       |
| 1.4 | **Description of Applicant:***(200 Character maximum)* |       |
| 1.5 | **NAICS Code:** |       | *(6-digit Industry Classification Code)* |
| 1.6 | **Applicant Website:** |       |
| 1.7 | **Applicant FEIN:** |       |
| 1.8 | **Applicant SSN:***(Enter only if applicant is individual and does not have a FEIN)* | N/A |
| 1.9 | **Applicant’s DUNS Number:** |       |
| 1.10 | **Applicant Fiscal Year:** | From:       | To:       |
| 1.11 | If applicable, indicate the following.  | [ ]  Female-Owned [ ]  Minority-Owned |
|  | If minority-owned, then check the appropriate race/ethnic group box. | Black / African AmericansHispanic AmericansNative AmericansAsian-Pacific AmericansAsian-Indian Americans | [ ] [ ] [ ] [ ] [ ]  |
| 1.12 | Indicate the number of people expected to be served by the grant in the appropriate race/ethnic group box below. |
|  | **Race/Ethnic Group** | **# People Served by Grant (detail below)** |
|  | Black / African Americans |       |
|  | Hispanic Americans |       |
|  | Native Americans |       |
|  | Asian-Pacific Americans |       |
|  | Asian-Indian Americans |       |
|  | Other: |       |
|  | **TOTAL PARTICIPANTS (total above):** |       |

| Section 2: Applicant History |
| --- |
| 2.1 | Have you received a grant from the State of Illinois within the last 3 years? | [ ]  Yes [ ]  No |
|  | Provide total number of grants received from the State of Illinois within the last 3 years. |       |
|  | If yes, provide the following for each grant received in last 3 years: | Agency: |       |
|  |  | Grant #: |       |
|  |  | Grant Amount: |       |
|  |  | Grant Term: |        |
|  |  | General Description: |       |
|  |  | Issues: |       |
| 2.2 | If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years. |
|  | **Name** | **FEIN** |
|  |       |       |
|  |       |       |
|  |       |       |
| 2.3 | In the past twelve months, have there been any changes in the following key staff? Check all that apply. Provide detail for any boxes checked including names of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant. |
|  | [ ]  | CEO/Executive Director/Chief Elected Official |
|  | [ ]  | CFO/Controller |
|  | [ ]  | Grant Administrator |
|  | [ ]  | Grant Administrative Support Staff *(i.e. Reporting, correspondence, document control)* |
|  | [ ]  | Bookkeeper/Accountant for Grant |
|  | [ ]  | No Changes |
|  | Provide detail for any checked boxes: |
|  |       |
| 2.4 | If your proposed budget includes any staff costs for this grant, please indicate the type of documentation that will be maintained and used to allocate staff costs to the DCEO grant. |
|  | [ ]  | Time sheets |
|  | [ ]  | Cost allocation plans |
|  | [ ]  | Certifications of time spent |
|  | [ ]  | Other, please describe:       |
|  | [ ]  | None |
| 2.5 | Has the applicant or any principal formed a business that existed for less than two years? | [ ]  Yes [ ]  No |
|  | If yes, provide name(s) of the business and reason(s) that it existed for less than two years. |
|  |       |
| 2.6 | Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business? | [ ]  Yes [ ]  No |
|  | If yes, identify the nature (including case number and venue) of the action and the disposition.  If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. |
|  |       |
| 2.7 | Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant’s knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant’s financial condition or materially and adversely affect applicant’s operations? | [ ]  Yes [ ]  No |
|  | If yes, provide requested information. |
|  |       |
| 2.8 | Does the applicant or any principal owe any debt to the State? | [ ]  Yes [ ]  No |
|  | If yes, list reason and amount: |
|  |       |

| Section 3: Proposal Information |
| --- |
| 3.1 | **Submittal Date:** |       |
| 3.2 | **Project Title:** | Sector Partnership National Emergency Grant (SP NEG) |
| 3.3 | **Brief Project Description:***(550 Character maximum)* |
|  | Provide comprehensive employment and training services emphasizing enhanced career services, occupational training leading to industry-recognized credentials, and work-based learning to eligible dislocated workers in high-demand occupations in the Healthcare, Manufacturing and/or Transportation/Distribution/Logistics (TDL) sectors, leading to full-time, unsubsidized employment. |
| 3.4 | **Project Location:** | Street Address: |       |
|  |  | City: |  | County:       |
|  |  |  |  |  |  |
| 3.5 | **Areas Served:** |       |
| 3.6 | **Project Contact:** | Name: |       |
|  |  | Title: |       |
|  |  | Address: |       |
|  |  | Phone: |       |
|  |  | Fax: |       |
|  |  | E-Mail: |       |
| 3.7 | **Project Period:** | Start Date: | 11/1/2015 | End Date: | 6/30/17 |
| 3.8 | **Project Costs:***(Complete attached Budget)* | Funding provided by the applicant: |       |
|  |  | Secured funding from other sources: |       |
|  |  | Funding requested from DCEO: |       |
|  |  | **Total Project Cost** |       |
| 3.9 **PROJECT MANAGER**  |
| [ ]  **Mr**. [ ]  **Mrs**. [ ]  **Ms**. [ ]  **Dr**. | ***A.* FIRST NAME** | ***B.* LAST NAME** |
|  |       |       |
|  | ***C.* JOB TITLE** | ***D.* TELEPHONE NUMBER** |
|  |       |       |
| ***E.* ADDRESS** | ***F.* FAX NUMBER** |
|       |       |
| ***G.* ADDRESS** | ***H.* EMAIL ADDRESS** |
|       |       |
| ***I.* CITY** | ***J.* STATE** | ***K.* ZIP + 4** |
|       |       |       |

|  |
| --- |
| 3.10 **SIGNATURE AUTHORITY**  |
| [ ]  **Mr**. [ ]  **Mrs**. [ ]  **Ms**. [ ]  **Dr**. | ***A.* FIRST NAME** | ***B.* LAST NAME** |
|       |       |
|  | ***C.* JOB TITLE** | ***D.* TELEPHONE NUMBER** |
|  |       |       |
| ***E.* ADDRESS** | ***F.* FAX NUMBER** |
|       |       |
| ***G.* ADDRESS** | ***H.* EMAIL ADDRESS** |
|       |  |
| ***I.* CITY** | ***J.* STATE** | ***K.* ZIP + 4** |
|       |       |       |
| ***L.* List the names of additional individuals that have signature authority** |
| **1.** |       |
| **2.** |       |
| **3.** |       |
| **4.** |       |
| 3.11 **GRANT CLOSE-OUT SIGNATURE**  |
| [ ]  **Mr**. [ ]  **Mrs**. [ ]  **Ms** .[ ]  **Dr**. | ***A.* FIRST NAME** | ***B.* LAST NAME** |
|       |       |
|  | ***C.* JOB TITLE** | ***D.* TELEPHONE NUMBER** |
|       |       |
| ***E.* ADDRESS** | ***F.* FAX NUMBER** |
|       |       |
| ***G.* ADDRESS** | ***H.* EMAIL ADDRESS** |
|       |       |
| ***I.* CITY** | ***J.* STATE** | ***K.* ZIP + 4** |
|       |       |       |

Section 4: Scope of Work

*Sector Partnership National Emergency Grant (SP NEG)*

| DESCRIPTION OF START-UP, IMPLEMENTATION AND OVERSIGHT/MANAGEMENT TASKS | Date(s) |
| --- | --- |
| **Task 1.**       |       |
| **Task 2.**       |       |
| **Task 3.**       |       |
| **Task 4.**       |       |
| **Task 5.**       |       |
| **Task 6.**       |       |
| **Task 7.**       |       |
| **Task 8.**       |       |
| **Task 9.**       |       |
| **Task 10.**       |       |
| **Task 11.**       |       |
| **Task 12.** |       |
| **Task 13.** |       |
| **Task 14.** |       |
| **Task 15.** |       |

| Section 5: Performance Measures |
| --- |
| **Performance Measure** | **Target** |
| **See Attachment A.** |       |

| Section 6A: Current Employment Level |
| --- |
| **Number of permanent full-time individuals currently employed by applicant** |       |
| **Number of permanent part-time individuals currently employed by applicant** |       |

|  |
| --- |
| **(Do Not Complete—Not Applicable for WIOA Funding)****Section 6B: Projected Employment Impact (FTE Value Table)** |
|  | **Created Positions in FTE Categories:** | **Retained Positions in FTE Categories:** |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G | Column H |
| Permanent Full Time | Permanent Part Time | Temporary Full Time | Temporary Part Time | Permanent Full Time | Permanent Part Time | Temporary Full Time | Temporary Part Time |
| Row 1 (To be completed by applicant) | # of positions in each FTE category(A - H) |       |       |       |       |       |       |       |       |
| Row 2 | Auto calculation of FTE subtotals | !Undefined Bookmark, COLUMN1A | !Undefined Bookmark, COLUMN1B | !Undefined Bookmark, COLUMN1C | !Undefined Bookmark, COLUMN1D | !Undefined Bookmark, COLUMN1E | !Undefined Bookmark, COLUMN1F | !Undefined Bookmark, COLUMN1G | !Undefined Bookmark, COLUMN1H |
|  |
| Row 3 | Auto Calculation: **Created FTEs:** | !Undefined Bookmark, COLUMN2A |  |
| Row 4 | Auto Calculation: **Retained FTEs:** | !Undefined Bookmark, COLUMN2E |
| Row 5 | Auto Calculation: **Permanent Full Time Jobs Created:** | !Undefined Bookmark, COLUMN2A |
| Row 6 | Auto Calculation: **Permanent Full Time Jobs Retained:** | !Undefined Bookmark, COLUMN2E |
| Row 7 (cell to be completed by applicant) | Manual Calculation: **Average of Annualized Salaries for Permanent Full Time Jobs Created:** | $      |
| Row 8 (cell to be completed by applicant) | Manual Calculation: **Average of Annualized Salaries for Permanent Full Time Jobs Retained:** | $      |
| Row 9 (cell to be completed by applicant) | Other anticipated employment impacts of DCEO grant: |       |

| **(Do Not Complete—Not Applicable for WIOA Funding)**Section 6C: Projected Construction Jobs Impact |
| --- |
| **Projected number of construction labor hours for project** |       |
| **Projected number of construction FTE’s for project (FTE’s = total hours in row above divided by 2,080 hours)** |       |

| Section 7: Budget Summary |
| --- |
| **Line Item or Cost Category Description** | **Requested Grant Budget Amount** | **Proposed Match Budget Amount (Not Required)** |
| **Enhanced Career Services** |       |       |
| **Classroom/Occupational Training** |       |       |
| **Work-Based Learning** *(e.g. OJT, Customized Training, Incumbent Worker Training, Transitional Jobs, Registered Apprenticeships)* |       |       |
| **Other Training-Related—Books, Tools** *(including books, tools, supplies, testing, licensing, certification, etc. and other training-related costs not elsewhere listed)* |       |       |
| **Other Training-Related--Staff**  |       |       |
| **Supportive Services** |       |       |
| **Regional Planning** | 0 |       |
| **Administration** |       |       |
| **Total Cost** |       |       |

|  |
| --- |
| Section 7: Detailed Budget Narrative**(Consistent with Section 3.8 and Section 7 Budget Summary)** |
| **LINE ITEM** | **DETAILED NARRATIVE EXPLANATION AND JUSTIFICATION**\*\*\*Show detailed calculations and justification\*\*\*–Reasonableness and necessity for achieving project objectives will be evaluated. –Services and costs must be consistent with local policy. |
| **Enhanced Career Services** (previously Core and Intensive Services) Program costs of Career Services staff, facilities, consumable supplies, travel and equipment for Career Services including, but not limited to, comprehensive and specialized assessments of the skill levels and service needs of eligible individuals, individual career plans, group or independent counseling, career planning, case management, short-term pre-vocational services, job coaching/matching, job search assistance, work experience and internships.  | **TOTAL: $      Enhanced Career Services***List cost elements. Provide a detailed calculation.** *Identify Career Services project personnel employed by the applicant by name and title. For each position, list the individual's salary and specify the percent of time and level of effort (hours) to be dedicated to the project. Briefly describe the individual's role in the project (i.e., grant manager; project manager; administrative assistant; chief fiscal officer, etc.).*
* *Provide a detailed breakdown of all types of costs included in the fringe benefit package (e.g., retirement contributions, medical insurance, Unemployment Compensation, Workers' Compensation, FICA) in the budget detail.*
* *Provide a detailed breakdown of all other Enhanced Career Services costs, including Paid Work Experience/Internships as applicable.*

           |
| **Classroom/Occupational Training**(Attach local policy)Costs associated with providing assistance to a participant to acquire or upgrade skills to enable the participant to become employed.  Training results in industry-recognized credential(s). Consistent with local policy.  | **TOTAL: $      Classroom/Occupational Training***Consistent with local policy. Provide a detailed calculation/explanation.*      |
| **Work-Based Learning--OJT** (Attach local policy)OJT employer reimbursement costs associated with providing on-the-job training assistance to a participant to acquire or upgrade skills to enable the participant to become employed and retain employment.  Consistent with local policy. | **TOTAL: $      WBL OJT***Consistent with local policy. Provide a detailed calculation.*      |
| **Work-Based Learning—Customized Training** (Attach local policy) | **TOTAL: $      WBL Customized Training***Consistent with local policy. Provide a detailed calculation.*      |
| **Work-Based Learning—Incumbent Worker Training**(Attach local policy) Limited to $400,000 statewide. | **TOTAL: $      WBL Incumbent Worker Training***Consistent with local policy. Provide a detailed calculation.*      |
| **Work-Based Learning—Transitional Jobs**(Attach local policy)Limited to $400,000 statewide. | **TOTAL: $      WBL Transitional Jobs***Consistent with local policy. Provide a detailed calculation.*      |
| **Work-Based Learning—Registered Apprenticeships** (Attach local policy) | **TOTAL: $      WBL Registered Apprenticeships***Consistent with local policy. Provide a detailed calculation.*      |
| **Other Training-Related—Books, Tools, etc.** (Attach local policy)Includes books, supplies, tools, equipment, testing, test preparation, licensing, certification, employment tools, etc.  | **TOTAL: $      Other Training-Related -- Books, Tools, etc.** *Provide a detailed calculation of the items you are including in the cost.*       |
| **Other Training-Related—Staff** Includes staff-related costs for Training and Work-Based Learning staff. | **TOTAL: $      Other Training-Related -- Staff***Provide a detailed calculation of each of the items you are including in the cost.* * *Identify Training and Work-Based Learning project personnel employed by the applicant by name and title. For each position, list the individual's salary and specify the percent of time and level of effort (hours) to be dedicated to the project. Briefly describe the individual's role in the project (i.e., grant manager; project manager; administrative assistant; chief fiscal officer, etc.).*
* *Provide a detailed breakdown of all types of costs included in the fringe benefit package (e.g., retirement contributions, medical insurance, Unemployment Compensation, Workers' Compensation, FICA) in the budget detail.*
* *Provide a breakdown of all other Training and Work-Based Learning staff-related costs.*

           |
| **Supportive Services**(Attach local policy)Includes, but is not limited to assistance with transportation, child care, dependent care, and housing that are necessary to enable an individual to participate in project activities, consistent with local policy.  | **TOTAL: $      Supportive Services***Consistent with local policy. Provide detailed calculations of each type of supportive service.*       |
| **Regional Planning**Costs associated with regional planning as guided by DCEO.  | **TOTAL: $0 Regional Planning funding -- will be added at a later date***Provide a description and detailed calculation.*N/A |
| **Administration** Maximum 7.4% of expenditures. Costs include, but are not limited to, the following functions:  accounting; budgeting; financial and cash management; procurement and purchasing; property management; payroll; and audit. | **TOTAL: $      Administration***Provide an explanation:*      |
| TOTAL **(Budget breakdown and TOTAL must be consistent with Section 3.8 and Section 7 Budget Summary)** | **$** **TOTAL** |

| Section 8: Program Specific Information |
| --- |
| Project sectorsThe following sectors are the focus of the Sector Partnership NEG project: Healthcare, Manufacturing and Transportation/Distribution/Logistics (TDL). List which of these sectors you are targeting:      Executive Summary *(summary to be posted)*Provide a summary of your project to appear on DCEO’s website (Grant Tracker) and shared outside of DCEO—this is a stand-alone summary providing the reader with a general understanding of the project and project goals (include Grantee agency name and city). *(up to 12 lines)*     1. Demonstrated Need and Work Plan

**1. SP NEG grant applications will be reviewed with an emphasis on demonstrated need (e.g. sector job openings, laid off workers, unemployment rate, rapid response activity, job openings and expected growth in identified sectors, and employer-identified needs), project plan and design, project goals, capacity to deliver results, and innovation. Discuss how your proposed project meets the review criteria. (NOTE: IDES LMI data can be found at http://www.ides.illinois.gov/Pages/Data\_Statistics.aspx.** **Employment projections (short and long-term) by Industry or Occupation: <http://www.ides.illinois.gov/LMI/Pages/Employment_Projections.aspx>.** **Unemployment Rate:** [**http://www.ides.illinois.gov/LMI/Local%20Area%20Unemployment%20Statistics%20LAUS/wiamap.pdf**](http://www.ides.illinois.gov/LMI/Local%20Area%20Unemployment%20Statistics%20LAUS/wiamap.pdf)**)**      **2 Participant enrollments will begin by      .**  **Occupational/classroom training enrollments will begin by      .**  **Work-based learning enrollments will begin by      .** **Describe the first six months (November through April) of project implementation activities and timelines, including partnership development, contracting and procurement, participant and employer outreach and recruitment, participant enrollment, Incumbent Worker activities (if applicable), service delivery (e.g. Training, Work-Based Learning, Career Services), etc.**       **3. Describe assessment process and tools to be used.**       **4. Describe IEP development process, tools, and strategies, including how it will be determined if a participant will receive occupational training and/or work-based learning and which type of work-based learning a participant will receive.**       **5. Discuss how project services and the project design will increase the entered employment rate for participants and achieve other performance goals.**      **6. Employers, regional industry representatives, and national industry representatives if applicable, are actively engaged in designing and implementing sector strategies in five key areas: (1) serving on the project’s leadership team; (2) helping implement program strategies and goals; (3) identifying and mapping the necessary skills and competencies for the program; (4) assisting with curriculum development and designing the program; and (5) where appropriate, assisting with the design of an assessment or credential that will address industry skill needs. Describe plans and strategies related to employer involvement in these areas.**     **Career Services:**1. **For the SP NEG project, DOL has put an emphasis on providing more enhanced, more intensive Career Services that they believe has declined in recent years. Describe the Career Services that will be provided to project participants that will meet expectations of more intensive and comprehensive Career Services and will build on a more customer-focused approach to service delivery. Describe any new approaches or new services/activities that are planned, including any innovations.**

     1. **Work Experience/Internships under Career Services: UPDATE--The requirement that at least 15% of total grant expenditures must be spent on Work-Based Learning can now include Work Experience/Internships under the Career Services category even though it is not technically classified as a Work-Based Learning service by DOL for this SP NEG project.**

**If you plan to provide Work Experience/Internships under the Careers Services category, discuss timelines, strategies and plans (including wage determination, average length of Work Experience), consistent with local policy.**     **Occupational Training** (from approved training provider list)**:****(NOTE: IDES LMI data can be found at** [**http://www.ides.illinois.gov/Pages/Data\_Statistics.aspx**](http://www.ides.illinois.gov/Pages/Data_Statistics.aspx)**Employment projections (short and long-term) by Industry or Occupation: <http://www.ides.illinois.gov/LMI/Pages/Employment_Projections.aspx>.)****1. By sector, provide a list of high-demand occupations and associated trainings and certifications that will be part of this project. Include relevant 4-digit NAICS and SOC codes.**      **2. For the above occupations and credentials, provide information to demonstrate local high demand.**     **3. Describe any plans for class-size training.**     **4. Describe plans/strategies for accelerated training to move participants more quickly through program services and into unsubsidized employment.**     **5. Describe any plans for adding training providers to the approved training provider list.**     **Work-based learning:****Work-Based Learning expenditures plus Career Services Work Experience/Internships must represent at least 15% of total project expenditures. Discuss your plans below for providing these services -- detail participant numbers and expenditures on Attachment A, Project Goals. Note that once the project is operational, you are able to alter your WBL plans, moving funds between WBL categories to best meet participant and employer WBL needs; however, you must request and receive prior DCEO approval if plans include shifting funds to or from Incumbent Worker Training and/or Transitional Jobs (each have a statewide limit of $400,000).****1. List which work-based learning services you will provide *(OJT, Customized Training, Incumbent Worker Training, Transitional Jobs, Registered Apprenticeships),* and if you will be providing Career Services Work Experience/Internships to meet the 15% expenditure requirement. List which services below:**     **2. If applicable, discuss OJT timelines, strategies and reimbursement rate plans, consistent with local policy.**       **3. If applicable, discuss Customized Training timelines, strategies, employer identification and employer contribution plans, consistent with local policy.**       **4. If applicable, discuss Incumbent Worker Training timelines, strategies (including upskilling and backfilling with employer), and employer match plans, consistent with local policy. Identify IWT projects operated in the past three years. Note that IWT is limited to $400,000 statewide.**       **5. If applicable, discuss Transitional Jobs timelines, strategies (including recruitment of eligible DWs with barriers to employment who are chronically unemployed or have an inconsistent work history, required for Transitional Jobs), and participant hourly wage determination, consistent with local policy. Note that Transitional Jobs is limited to $400,000 statewide.**      **Career Services Paid Work Experience/Internships: If applicable, discuss above in CAREER SERVICES SECTION, Item 2.****6. If applicable, discuss Registered Apprenticeships timelines, strategies and plans, consistent with local policy.**       **7. Describe plans to couple occupational training with work-based learning (participants may receive multiple trainings/certifications and work-based learning consistent with their IEP).**      1. Participant and Employer Recruitment

**1. Describe the outreach, systems, processes and partners that will be used to identify eligible dislocated workers—be comprehensive and innovative in your strategies. Discuss any plans to identify and serve dislocated workers from rapid response events and dislocated workers currently enrolled in other WIOA grants or partner programs.**     **2. With participant enrollments to be completed by October 31, 2016 (allowing time for training, work-based learning and job search completion by project end of June 30, 2017), describe how enrollment goals will be achieved by the October 31, 2016 deadline. Note that it may be necessary to over-enroll participants in order to fully utilize project funding and to meet expenditure requirements (e.g. Training and Work-Based Learning 40% requirement).**      **3. With an emphasis on work-based learning, list specific plans and strategies to outreach and recruit work-based learning employers early in the project, including tasks and timelines.**     **4. By sector, list specific employers who have committed to this project to date and a second list of employers, by sector, that you will reach out to for work-based learning opportunities and permanent employment placements.**     1. Coordination of Services

**1. Discuss how you will coordinate Reemployment Eligibility Assessment (REA)/Reemployment Services (RES), the Veterans’ Gold Card Initiative and other programs relevant to helping dislocated workers become job ready and reconnect to the labor market. List/identify the various programs and agencies that you will partner with in providing comprehensive employment and training services.**       1. Project Management
2. **Discuss strategies to oversee project progress, including the following:**
* **Discuss strategies for early identification of project deficiencies (low enrollments, low employer work-based learning commitments, and low expenditures) followed by early development and implementation of corrective action plans to get the project back on track.**
* **Discuss strategies for tracking adherence to expenditure requirements and in determining if over-enrollment will be necessary to meet expenditure requirements and to fully utilize project funding.**

      **2. What role will your Workforce Development Board play in the implementation, management and oversight of this project, including employer referrals and commitments?**      **3. Describe the monitoring responsibilities and procedures that will be followed for this project, including the monitoring of work-based learning work sites, participant files, IEPs, Case Notes, timely entry of IWDS records.**      **4. If multiple LWDAs are participating in this project, describe the organization and management structure, service delivery and expenditure responsibilities/allocations, and employer recruitment responsibilities for work-based learning. Also describe how it will be determined among the multiple LWDAs, what policies will be adopted for this project.**      **5. For projects contracting services, describe the role and responsibilities of the contractor(s) along with contracting timelines and adherence to procurement policies.**      1. Sector Partnership NEG Project Goals—Attachment A

**Complete the SP NEG Project Goals document (Attachment A) and submit with the grant application.**1. Local Policy
* **The Sector Partnership NEG project is to be carried out adhering to WIOA law, regulations, USDOL guidance, State policy and guidance, and consistent with local policy. Note that local policies can include statements acknowledging the uniqueness of NEG and other special projects which may require adjusted policies to best meet the requirements and goals of special projects and the needs of project participants and employers.**

**Please submit your current local policies (e.g. Training, Supportive Services, etc.). Identify/list what local policies you are submitting:**     **Submit SP NEG Grant Application, Project Goals (Attachment A), and Local policies no later than Friday, October 9, 2015, 6:00 PM to:** * **Lisa Jones at** **Lisa.D.Jones@illinois.gov**

* **Jill Meseke at** **MesekeJill@gmail.com**
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| Section 9: Applicant CertificationApplicant Certification |
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| Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information submitted herewith is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.I hereby release to DCEO the rights to and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after the grant application for the purpose of publication on DCEO's website.  I hereby also release any and all claims against DCEO, its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website. |
|  |       |       |
| Signature | Name & Title | Date |

Instructions

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

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| Section 1: Applicant Information - Instructions |

**Question #1.1:** Provide the applicant’s legal name which is reflected on its Federal W-9 form. If the applicant is a Limited Liability Company with a tax classification of "C" - the IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.

**Question #1.2:** Provide the applicant's business address, including the 9-digit zip code.

**Question #1.3:** Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.

**Question #1.4:** Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.

**Question #1.5:** Provide the applicant’s North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com/index.html>.

**Question #1.6:** If applicable, provide the applicant’s website address.

**Question #1.7:** Provide the applicant’s Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a DCEO award.

**Question #1.8:** If the applicant is an individual with no FEIN, provide the applicant’s Social Security Number (SSN). Do not provide a Social Security Number if you are also providing a FEIN for Question #7.

**Question #1.9:** A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant’s DUNS number. If your business does not have a DUNS number, you may request one at: <http://www.dnb.com/us/duns_update/>.

**Question #1.10** Indicate the start date and end date of the applicant’s fiscal year (accounting year) with month and day.

**Question #1.11:** Check the appropriate box if the applicant's business is a female or minority-owned business. A female or minority-owned business is defined as a business at least 51 percent owned and controlled by persons who are female or minority-owned. Minority is defined as the following race/ethnic groups: Black / African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. If minority-owned, then check the appropriate race/ethnic group box that applies.

**Question #1.12;** Indicate the number of people that you expect will be served by the grant by each race/ethnic group that is listed.

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| Section 2: Applicant History - Instructions |

**Question #2.1:** Complete this section with information on any grants received from the state of Illinois by the applicant within the last 3 years from the date of this application. Applicant must provide the information detailed below for each grant received. However, if applicant received more than 10 grants within the last 3 years the information below is only required for any grants that have or had programmatic and/or financial issues.

Agency: List the name of the agency from which the grant was received.

Grant #: List the number related to the grant.

Grant Amount: List the total amount of the grant.

Grant Term: List the term to include the beginning and end date of the grant.

General description of grant: Provide a brief description of the grant project.

Issues: Provide a description of any financial or programmatic issues that were identified with this grant by either the grantor agency and/or grantee. State whether the issues are resolved or unresolved. If the issues are unresolved, state the reason why and provide a current status.

**Question #2.2:** If the applicant's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this application, this information must be provided in this section.

**Question #2.3:** Indicate which key staff positions have changed within the past twelve months from the date of this application. Provide additional documentation for the requested information for any vacancies, new hires, layoffs, and terminations. Also provide the same information for any changes relating to key staff positions that may become involved with the administration and/or management of potential grants.

**Question #2.4:** Indicate in the list provided the type of documentation that the applicant's organization will maintain to support and allocate staff costs to the DCEO grant. Any staff costs incurred need to be adequately supported to ensure appropriate allocation to the DCEO grant.

**Question #2.5:** Indicate whether a previous business existed for less than two years. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

* If yes, provide name(s) of each business and reason(s) supporting why the business is no longer in existence. Be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.

**Question #2.6:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

* If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Question #2.7:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

* If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Question #2.8:** Indicate any debt owed to the state by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the state. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

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| Section 3: Proposal Information - Instructions |

**Question #3.1:** Indicate the date on which the applicant is submitting this proposal.

**Question #3.2:** Provide a short title that accurately describes the proposal. The title should be limited to approximately 40 characters.

**Question #3.3:** Provide a brief description of the proposed project that summarizes the use of the grant award. The description should not exceed 550 characters. The brief project description should be consistent with the information provided in the attached Scope of Work. The description provided here may be used on DCEO’s website.

**Question #3.4:** Complete this section with the address of the proposed project location.

**Question #3.5:** Identify the area(s) served if the project location serves more than one location or if it serves a geographical region. Identify these areas by cities, towns, villages, counties or other defined programmatic or geographical regions.

**Question #3.6:** Complete this section by providing the name, business address and other required business contact information of the individual that will serve as the primary project contact. This person will serve as DCEO’s primary contact from application intake through closure of the grant, if awarded by DCEO. Please note that DCEO may publish copies of applications on its public website so it is preferable that you submit your business contact information. If the applicant does not have a business to use for contact information, then please provide personal information (home address, personal cell phone number, personal email address) as an attachment to the application.

**Question #3.7:** Indicate the projected project time period with a start and end date.

**Question #3.8:** Identify the funding sources for the proposed project. The applicant must identify the amount of funding the applicant is proposing to provide to the project, any secured funding from other sources, and the amount of funding being requested from DCEO. The total project cost should be the sum of all three sources of funds. The project costs in this section should be consistent with the information provided in the attached Budget.

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| Section 4: Scope of Work - Instructions |

* Provide the Project Title, it needs to be the same as or consistent with the title provided in the Proposal Information above.
* Provide a detailed description of the proposed project and the intended use of grant funds. Unlike Line 3 of the Proposal Information Section, the applicant is not restricted in their description of the proposed project. The information provided in this description will assist DCEO in developing the Scope of Work for the grant agreement if the grant is awarded. It will also facilitate the periodic reporting that will be required to update DCEO on the status of the project’s major milestones if the grant is awarded.
* Briefly describe each task in the Description of Tasks column. These tasks will be used to develop the grant agreement. The applicant should assign an estimated completion date for each task. If a grant is awarded, the applicant will have the opportunity to modify these dates prior to the execution of the grant.

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| Section 5: Performance Measures - Instructions |

* If the applicant is aware of any performance measures required by the program, the measure(s) should be listed in this section. If known, the applicant should provide the target numbers for each measure.

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| Section 6A: Current Employment Level - Instructions |

* Provide the number of full time and part time individuals, respectively, employed by the applicant. Please see definitions of Employee, Permanent, Full-Time, and Part-time in the Key Definitions in Section 6B below.

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| Section 6B: Projected Employment Impact - Instructions |

1. **Purpose of the FTE Value Table**

DCEO uses Section 6. Projected Employment Impact of the standard grant application form to document the estimated economic benefits of a proposed grant project based on the projected employment impact. The FTE (Full Time Equivalent) Value Table in Section 6 standardizes the DCEO process for collecting and reporting job count data for projected (estimated) jobs at the grant level. This promotes consistency and integrity in the reporting of DCEO job count statistics.

Section 6 of the application form requires applicant organizations to provide projected jobs data that estimates a grant's impact on employment levels, in the following manner:

a) identify the estimated number of projected positions to be created and/or retained,
b) assign each projected position to one of four Full Time Equivalent (FTE) categories, and
c) complete an average annualized wage calculation for permanent full time positions for both jobs created and jobs retained.

For DCEO purposes, an FTE is a measurement unit for assigning a numerical value to an individual employment position (both projected and/or certified jobs; both created and/or retained jobs). For example, while DCEO assigns an FTE value of 1.0 to a permanent full time position, other categories of positions that are estimated to involve a fewer number of hours to be worked over the course of a year will be assigned a lower FTE value of either .5 or .25. DCEO uses this approach so that a job count that includes various categories of jobs is more accurate and is not inflated or overstated.

Applicants should be realistic when estimating the number of projected FTEs that may result directly from a grant. For example, when projecting FTEs, the applicant must consider that if approved for funding the grantee will be required at a later date to certify FTE data for all created and retained positions, using the DCEO Job Count FTE Certification Form. Please remember that the FTE count includes only positions that are a direct result of a DCEO grant, meaning the positions would not be created or retained **but for** the DCEO grant provided.

1. **Forms and/or Data Needed to Complete this Table**

The applicant must identify the total estimated number of projected positions that will be a direct result of the DCEO grant during the term of the grant. Within this total number, the applicant must identify the estimated number of ***created*** positions. Within the number of created positions, the applicant must identify the FTE category (ies) that the positions most closely match. Also, within the total number of projected positions, the applicant must identify the estimated number of ***retained*** positions. Within the number of retained positions, the applicant must identify the FTE category (ies) that the positions most closely match. These estimated position numbers for projected positions must be then entered into the FTE Value Table, per the specific instructions, below.

**3. Specific Instructions for Entering Data into the FTE Value** **Table**

The FTE Value Table produces job count data for projected positions that includes: created FTEs, retained FTEs, number of permanent full time FTEs for jobs created, number of permanent full time FTEs for jobs retained, an average of the annualized salaries of permanent full time FTEs for jobs created, an average of the annualized salaries of permanent full time FTEs for jobs retained, and other related employment impacts.

The FTE Value Table was designed in Word format. An applicant is required to enter data in the cells in Row 1, Row 7 and Row 8, only (note that Row 8 is optional). However, the Table will perform automatic calculations for Rows 2 through 6. Therefore, ***do not attempt to enter or edit data in Rows 2 through 6*.**

To enter data into the form, place the cursor in the blue box within the cell and enter the relevant number key(s) -- ***do not use the Enter key***. To move from one cell to another in the Table, use the keyboard's Tab key or the right or left arrow keys.

**Row 1: Number of positions in defined FTE category**: The applicant must assign the estimated number of projected positions to each of the optional FTE categories. For example, applicants must assign the estimated number of projected positions to be *created* into the proper FTE category (Columns A, B, C or D) in the Created Position Box. Likewise, the applicant must assign the estimated number of projected positions to be *retained* into the proper FTE category (Columns E, F, G, or H) in the Retained Position Box. Note that a count of an individual projected position must be placed into either the Created Position box, or the Retained Position box -- an individual FTE position count cannot be placed in *both* boxes. If no jobs are projected in an FTE category, the applicant should place a zero (0) in that cell.

For each projected position, select the FTE category closest to the expectations for the position:

* **Permanent Full Time Position**: approximately 52 weeks/year X 40 hrs. per week = 2,080 hrs.
* **Permanent Part Time Position**: approximately 52 weeks/year X 20 hrs. per week = 1,040 hrs.
* **Temporary Full Time Position**: approximately 26 weeks/year X 40 hrs. per week = 1,040 hrs.
* **Temporary Part Time Position\***: approximately 26 weeks/year X 20 hrs. per week = 520 hrs.

\*Only include Temporary Part Time Positions that have a minimum of 200 hours of work expected for the position.

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| **Key Definitions**Employee: An individual that agrees to participate in an employer/employee business relationship and provide services for the employer in return for a defined salary or wage. Contingency workers, or workers on contract status with the grantee, may also be included in a grantee's FTE count, if the grantee can certify the FTE data for these positions, as required on the Job Count FTE Certification Form. The site of employment must be located in the state of Illinois.*Projected Job*: A planned or forecasted position to be filled at a future point in time, during the term of the grant agreement, as a direct result of a DCEO grant.Certified Job: A position that was proven to be created or retained and was a direct result of a DCEO grant; the position must be confirmed by the employer and certified by the DCEO grantee on the Job Count FTE Certification Form by identifying: the name of the employer, the position title, either the name of the employee or a payroll identification number, the start date of the position, the annualized salary or wage rate, and the FTE category designation.Created Job: A new position, not in existence prior to the DCEO grant, to be developed and filled, or an existing unfilled position to be filled; the position could not be filled **but for** the DCEO grant provided.Retained job: An existing position projected to be maintained that otherwise would be eliminated by the grantee **but for** the DCEO grant provided**. Note: a job previously reported as retained during the course of a previous DCEO grant cannot be projected again as retained in the current DCEO grant application if the end date of the previous DCEO grant is less than 24 months prior to the current application date. However, a job reported as retained during the course of a previous DCEO grant can be reported as retained in the current DCEO grant application, if the end date of the previous DCEO grant occurred more than 24 months prior to the date of the current DCEO application.**FTE Category Definitions for Reported Positions: Applicants must use the definitions below to understand the typical differences in positions, including: a) the level of anticipated permanency -- an estimated *time duration* for the position category, and b) the degree of full time status -- the estimated average amount of *work hours* expected in a standard work week for the position category, in the respective organization or industry. Permanent: A position that is typically intended to last indefinitely in duration and does not have a finite ending date; for DCEO purposes, a position with an estimated duration of at least 12 months.Temporary: A position that is typically short-term in duration and will last only for a specified period of time; for DCEO purposes, a position with an estimated average duration of significantly less than 12 months (example: a seasonal job).Full time: A position typically expected to work the full number of hours in a standard work week, as defined by the employer or industry; for DCEO purposes, a full time position typically involves approximately 40 hours per week.Part time: A position typically expected to work significantly fewer hours per week than the hours required in a full time position; for example, 20 hours per week could be a typical part time work schedule.  |

**Row 2: Automatic Calculation of FTE Subtotals:** The Table automatically calculates these values based on the numbers entered above, ***so do not attempt to edit the cells in this row***. The Table will automatically convert projected position counts into an FTE count according to the type of position. For example, the Table assigns a value of 1.0 to each permanent full time position that is expected to offer approximately 2,080 hours of work per year. However, for the other three categories that typically do not involve permanent work hours of a standard 2,080 hour work year, the table will assign a value for each projected position that is a lesser pro-rated portion, or fraction, of an FTE (example: the Table assigns a .5 value for each Permanent Part time, and Temporary Full time position; while assigning a value of .25 for each Temporary Part time position).

**Rows 3 - 6: Automatic calculations for FTEs created, FTEs retained, permanent full time jobs created, and permanent full time jobs retained:** The Table automatically calculates these values based on the numbers entered above, ***so do not attempt to edit the cells in these rows***.

**Row 7-8: Average Annualized Salaries for Permanent Full Time Jobs Created and Permanent Full Time Jobs Retained**: The applicant must complete a manual calculation for rows 7 and 8, and place the calculated value(s) into the Table**.** The average annualized wage or salary amount must be calculated by adding the estimated annualized wages for all positions reported to yield a total salary amount, and then dividing the total salary amount by the number of estimated positions (not the number of FTEs). Average wages for created jobs and retained jobs should be calculated separately. Wages for part time or temporary jobs should be disregarded for purposes of this calculation. For this calculation, all hourly wage values for full time jobs must be converted to an annualized value (for example, multiply the hourly wage by the estimated number of hours per week, multiplied by 52 weeks in a year).

Example:The applicant plans to create 10 new positions as a direct result of the DCEO grant. Five positions will be paid salaries of $20,000 annually, while the other five will be paid salaries of $40,000 annually. The total salary amount is $300,000 (5 X $20,000 + 5 X $40,000). The number of positions is 10. Thus, to calculate the average salary, divide $300,000 by 10, yielding the average salary amount of $30,000.

**Row 9: Other Employment Impacts**: This is an optional text field where you can identify other significant employment impacts that are not reported as an FTE value. These impacts may include a positive impact on non-certified jobs, or other positive economic impacts with the applicant organization or elsewhere in the Illinois economy. This area can also be used to identify the number of Temporary Part time Positions that do not meet the minimum requirement of 200 hours of work per position.

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| Section 6C: Projected Construction Jobs Impact- Instructions |

* Provide the number of projected hours of construction labor that will result if the project is funded by the DCEO grant. Include all construction jobs for the entire project even if the DCEO grant leverages or is combined with other funding needed for the project.
* Provide the number of projected construction FTE’s for the project. This number is calculated by taking the total number of construction labor hours divided by 2,080.

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| Section 7: Budget - Instructions |

* This section will be used to establish the cost categories of the grant agreement. List each budget line item for which the grant funds are proposed to be expended.
* Indicate the requested grant amount for each budget line item.
* Provide the proposed match amount for each budget line item.
* Provide the total of each column.

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| Section 8: Program Specific Information - Instructions |

Sector Partnership National Emergency Grant.

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| Section 9: Applicant Certification - Instructions |

The applicant should read and understand the certification statement provided in this section. The individual that signs this section should be the individual that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name, print their name and title and date of certification. Please note the certification authorizes DCEO to publish a copy of the completed application on DCEO’s website.

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| Submission of Application |

Sector Partnership NEG Grant Application package is to be submitted by October 9, 6:00 PM to:

* Lisa Jones at Lisa.D.Jones@illinois.gov
* Jill Meseke at MesekeJill@gmail.com

**IDENTITY PROTECTION ACT (5 ILCS/179)**

**PERSONAL INFORMATION PROTECTION ACT (815 ILCS 530)**

The Department of Commerce and Economic Opportunity (DCEO) is committed to protecting the privacy of its vendors, grantees and beneficiaries of programs and services. At times, DCEO will request social security numbers (SSNs) or other personal identifying information. Federal and state laws, rules and regulations require the collection of this information for certain purposes relating to employment and/or payments for goods and services, including, but not limited to, grants. DCEO also collects confidential information for oversight and monitoring purposes.

Furnishing personal identity information, such as a social security number, is voluntary; however, failure to provide required personal identity information may prevent an individual or organization from using the services/benefits provided by DCEO as a result of state or federal laws, rules and regulations.