**Application Summary**

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| **A) Applicant Information** |  |  |
| **Organization Information** |  |  |
| Organization Legal Name |  |  |
| “Doing Business As” Name |  |  |
| Mailing Address |  |  |
| Website |  |  |
| Federal ID (FEIN) |  |  |
| **Primary Contact** | | |
| Name |  |  |
| Title |  |  |
| Phone Number(s) |  |  |
| Email Address |  |  |
| **Secondary Contact (optional)** | | |
| Name |  |  |
| Title |  |  |
| Phone Number(s) |  |  |
| Email Address |  |  |
| **Organization Type** | | |
| 1. Select the organization type that qualifies the applicant as an “eligible entity” |  | Lead Continuum of Care (COC) Organizations (can include Nonprofit Organization, may include a Faith-Based  Organization). COC’s that are government entities are NOT eligible to apply as the lead applicant.  Federal Workforce Innovation and Opportunity Act (WIOA)  Administrative Entity |

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| 1. **Complete the program plan chart below.**   Describe the details of the program in this chart. | | | |
| |  |  | | --- | --- | | **Program Plan** | | | **Area Served:** |  | | **Planned Number of Participants Served:** |  | | **Total Funding Requested:** |  | | **Program Partners i.e. LWIA/COC):** |  | | **Brief Project Description:** |  | | **Career Services:** |  | | **Training Services** |  | | **Work-Based Learning Type:** |  | | **Support Services/ Barrier Reductions:** |  | | **Housing Services:** |  | | | | |
| **B) Capacity** | | | |
| 1. Describe the lead applicant’s size, structure, and history. Describe other organizations that will be partners. | | | |
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| 1. Describe the applicant’s capacity to provide services outlined in the NOFO and successfully complete the project tasks within the proposed grant period. Include the applicant’s experience in working with businesses and employers, the applicant-related experience in working with the target population, and the applicant’s related experience in working with eligible training providers and/or partners to administer similar grants and projects. | | | |
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| 1. **Complete the Staffing Plan Worksheet below.** |
| The grant requires that successful applicants provide staff in key areas, including program administration, outreach and recruitment, intake, wrap-around services, and data entry. Full-time or part-time employees of the organization, contractors, sub-contractors, or partner organizations can staff these areas. Below are the definitions of the responsibilities categorized into specific roles.     **Role definitions:**  Successful applicants are not required to have these specific role titles; however, all responsibilities within each role must be assigned.   More than one role can be assigned to a staff person.    **Program Administrator**  Responsible for program compliance and ensuring that performance metrics are met and required reporting is done; oversees program operations, onboards staff, and monitors the performance of other program roles.     **Outreach and Recruitment Coordinator**  Secures a constant flow of leads for the program, conducts pre-screen assessments, ensures program applications are completed, and conducts, along with other team members, standardized interviews.     **Support Service Coordinator**  This role will complete the assessment, set up necessary services, and work with the Academic Support Specialist, as needed, to offer additional support if participants begin to struggle academically. They will administer barrier reduction funds to provide support services to help eligible individuals overcome financial and other barriers to participation. They will also source from outside providers and partners for other needed support services and refer participants to those services if needed.     **Data Entry Coordinator**  Programs can determine how their program data is entered and reported in the Illinois workNet portal. They may complete this, or it may be part of the other roles in the program. They are responsible for ensuring timely reporting of program data, including entering participant information, programmatic and service data, outcome metrics, and verifying data accuracy, among others.    Use the Staffing Plan Worksheet below to detail your staffing plan. |

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| **Staffing Plan** | | |
| **Staff Role** | **Name and email of staff member(s), partner(s), contractor(s), subcontractor(s). subrecipient(s).**  If the staff assigned to the role has not yet been determined, write “TBD.” If you need additional staff to fill the position, write “Will hire.” | **Staff Organization** |
| **Overall Project Lead:** *\*Please note that these roles have access to participants’ private information. When determining how to cover the responsibilities outlined above,*  *applicants should consider how to ensure that participant information is protected.* | | |
| **Program Administrator:** | **Name:** |  |
| **Email:** |
| **Outreach and Recruitment Coordinator:** | **Name:** |  |
| **Email:** |
| **Support Service Coordinator:** | **Name:** |  |
| **Email:** |
| **Data Entry Coordinator:** | **Name:** |  |
| **Email:** |
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| **Partner Roles and Responsibilities** | | |
| Establishing the right project team and the correct division of roles and responsibilities between team members is critical for the long-term success of a sustainable program. The following detail will support partnership and can serve as a template to support project preparedness. | | |
| **Partner** | **Contact** | **Role in Program** |
| **COC** (Role of the COC) | **Name:** |  |
| **Email:** |
| **LWIA** (Role of the LWIA) | **Name:** |  |
| **Email:** |
| **Training Provider:** This partner is responsible for training the participants and ensuring participants will be ready for credential attainment. | **Name:** |  |
| **Email:** |
| **Workforce Board Partner**: This partner signs off on approval of registered apprentice program applications, offers support for potential additional funding, and guides apprenticeship development with expertise and input. | **Name:** |  |
| **Email:** |
| **(If applicable) Local Education Agency**: This partner is responsible for supporting a pipeline of well-trained, well-supported teacher workforce. Responsibilities also include programming implementation within the district and schools. | **Name:** |  |
| **Email:** |
| **Other (if needed):** | **Name:** |  |
| **Email:** |
| **Other (if needed):** | **Name:** |  |
| **Email:** |
| **Other (if needed):** | **Name:** |  |
| **Email:** |

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| |  | | --- | | 1. Describe the applicant’s /partner’s performance in administering similar grants and projects.   Provide the details in the chart below for all workforce grants received within the past three years. | | |  |  | | --- | --- | | **Grant History** | | | **Delegate Agency Name:** |  | | **Grant Funding Source:** |  | | **Award Amount:** |  | | **Time Period:** |  | | **Planned Enrollment Goal:** |  | | **Actual Enrollments:** |  | | **Planned Placement Goal:** |  | | **Actual Placements:** |  | |  | | | **Delegate Agency Name:** |  | | **Grant Funding Source:** |  | | **Award Amount:** |  | | **Time Period:** |  | | **Planned Enrollment Goal:** |  | | **Actual Enrollments:** |  | | **Planned Placement Goal:** |  | | **Actual Placements:** |  | |  | | | **Delegate Agency Name:** |  | | **Grant Funding Source:** |  | | **Award Amount:** |  | | **Time Period:** |  | | **Planned Enrollment Goal:** |  | | **Actual Enrollments:** |  | | **Planned Placement Goal:** |  | | **Actual Placements:** |  | | |
| 1. An equity lens is a process that analyzes the impact of policies and practices on marginalized communities to inform and ensure equitable outcomes. Explain the applicant team’s experience with and ability to use an equity lens for program operations and provide evidence that equity is embedded in all aspects of the program design. |
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| **C) Need** |
| 1. Provide quantitative and qualitative data of the target population in the area, including numbers of individuals served by shelters, RRH, other housing programs; recent point-in-time count data; available demographic information (for example: age, gender, race, ethnicity; disability, veterans, etc.); and information about employment, skills, and education of the target population. |
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| 1. Provide relevant quantitative and qualitative data about the labor market conditions in the area, including unemployment and employment rates; job openings and projections; and any information documenting gaps in workforce and related services needed by the target population. |
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| 1. Identify the needs of the target population including barriers to employment and how participation in the pilot will result in improved financial stability of individuals and their ability to afford permanent housing in their community. |
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| **D) Program Plan** |
| 1. Describe the commitment of a partnership between the lead agency of the Continuum of Care area, the LWIA, and one or more organizations that operate a RRH program or shelter in the area through detailed information provided below or by submitting a commitment letter that expresses the intent to develop a robust MOU during a planning period. |
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| 1. Detail the roles and responsibilities, timelines, processes, and how the entities will share responsibility for success and sustainability of the pilot program. |
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| 1. Describe the partnerships with other organizations that are necessary for the success of the program, including community-based organizations that provide additional support or services or eligible training providers. |
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| 1. Describe the commitment to hiring or placing at least one dedicated staff person with the responsibility of the navigator function to find appropriate work readiness, training and/or support services. |
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| 1. Describe the applicant’s experience with using human-centered practices in their programs, including practices that are specifically relevant for the community that they serve. Describe the applicants experience utilizing trauma-informed practices and how they will be incorporated in the program, including providing regular training in those practices for staff delivering services. |
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| 1. Explain how the project strategies are designed to support job seekers, including support services and retention strategies, whether provided by the grantee or a partner organization. |
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| 1. Detail the local resources and funding available to complement this program. |
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| 1. Describe how the program includes services that prepare individuals for job search and work. Detail how the program supports job seekers in conducting a job search, resume development, interviewing skills, and understanding employer expectations and using career exploration tools. |
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| 1. Describe how the program includes strategies to help individuals find training or education services   that support their employment and career goals either through the pilot program or through referrals. |
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| 1. **Complete the Program Implementation Chart below.** |
| * *Note: A detailed implementation plan will be required during the grant cycle, including project goals and performance goals.* |

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| **JTED Program Implementation Plan** | | | |
| ***Project Timeline***  List the major project activities in the first column. In the second column, indicate the timelines for project completion. Timelines may be specified by the month of the project (e.g., such as month 1, month 3, etc.) or by specific dates. In the third column, indicate the staff by name and title responsible for performing the activities and the organization of each staff person listed. The fourth column must describe the deliverable associated with the project activity. | | | |
| **Activity** | **Timeline** | **Responsible Staff/Entity** | **Deliverable** |
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| **E) Budget Narrative/Cost Effectiveness (Make sure to use the Excel budget to detail each line item)** |
| 1. Detail the proposed program expenses, including justification of the main budget items and an analysis of the cost efficiency and reasonableness of costs related to planned outcomes and proposed activities. Include information regarding any subcontracts or partner agreements that will be funded under this grant. This includes a review of the description of the services, the amount, and the location of the services. |
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| 1. Detail a high-level budget narrative of the JTED program. Complete the Excel Budget and narrative for each line item. |
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| 1. Describe any programs, services, and partnerships that will be leveraged to improve the program’s cost-effectiveness, return on investment, and long-term sustainability. Describe any leveraged/matching funds from workforce partners, participating businesses, etc. |
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NOTE: Applications must also complete the Uniform Budget Template.