**JOB TRAINING AND ECONOMIC DEVELOPMENT GRANT PROGRAM APPLICATION**

The Illinois Department of Commerce and Economic Opportunity is issuing this Notice of Funding Opportunity to set forth the requirements for the Illinois Job Training and Economic Development Grant Program (JTED) as authorized by 20 ILCS 605/605-415 (JTED Act) and the rules adopted in support of the JTED Act, 56 Ill. Admin. Code Part 2660 (JTED Rules).

**A standard application package must be submitted to and reviewed by DCEO. Each package must contain the following items:**

Uniform Grant Application in fillable PDF format. Signature page must be printed, signed, scanned, and submitted with application.

Uniform Budget utilizing the template provided by DCEO for this project. The entire budget with all worksheets included even if the worksheets are not relevant to the grant opportunity must be submitted with the application materials. Signature page must be printed, signed, scanned and submitted with application.

Conflict of Interest Disclosure

Mandatory Disclosures

JTED Program Application

Memorandum of Understanding (MOU) or Partnership Agreements (if applicable)

**To maximize your chances of receiving an award, please be mindful of the key objectives in your application:**

* + ***Level of Responsiveness***: Provide all required information for the questions below and the specified attachments. The responses should be comprehensive, detailed, and precise.
  + ***Participant Selection Criteria***: Review the participant selection criteria in the NOFO and ensure that your proposal comprehensively addresses the listed consideration factors.
  + **Need of the Eligible Applicant:** The level of demonstrated need for sector-based training in the identified location.
  + **Capacity of the Eligible Applicant:** The level of commitment and appropriate skills of the lead organization to manage the project.
  + **Quality of the Proposal:** The commitment of the lead organization to achieve the outcomes, particularly to underserved and underrepresented populations, and following processes to ensure sustainability for the program.
  + **Community Support:** The level of demonstrated support from community stakeholders.

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| **PART 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)Organization Information** | | |
| Name |  | |
| Title |  | |
| Phone Number(s) |  | |
| Email Address |  | |
| **Organization Type** | | | |
| Select the organization type that qualifies the applicant as an “eligible entity” |  | Employer  Private Nonprofit Organization (may include a Faith-Based  Organization)  Federal Workforce Innovation and Opportunity Act (WIOA)  Administrative Entity  Community Action Agencies  Industry Associations  Public Educational Institution  Private Educational Institution | |
| **Category (s)** | | | |
| Select the category  ***NOTE: If you have an adult and a youth program, you must fill out a separate application for each category.*** |  | 1. Adult  2. Youth | |
| **Priorities** | | | |
| Select any priority populations that services will be targeted to |  | Immigrants, Migrants and Refugees  Returning Residents  Rural Residents  None | |

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| Complete the program plan chart below (on the next page).  Describe the details of the program in this chart. If more than one training program is being proposed all need to be described in the Project Description. If more than one sector is being proposed identify each sector with a “;” and related credentials, training provider(s), and occupations separate with a “;” |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Program Plan** | | | | | | **Population Served:**  ***NOTE: Include details for each population you propose to serve, targeted and/or priority.*** |  | | | | | **Total Number Served:** |  | | | | | **Direct Customer Services Funding (Projected):** | **Direct Line Item** | **Funding** | **Planned Served** | **Cost Per** | | **Direct Training:** |  |  |  | | **Work-based Learning Cost:** |  |  |  | | **Supportive Services (Barrier Reduction):** |  |  |  | | **Barrier Reduction Funding:**  **(If applicable)** |  | | | | | **Barrier Reduction Services:**  **(If applicable)** |  | | | | | **Work-Based Learning Type:**  **(If applicable)** |  | | | | | **Business Partners:** |  | | | | | **Brief Project Description:** |  | | | | | **Target Industry/Sector:** |  | | | | | **Credential(s):** |  | | | | | **Training Provider:** |  | | | | | **Occupations:** |  | | | | |
| ***NOTE: The boxes will expand so please be thorough in your responses.*** |

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| **PART B - CAPACITY** | | |
| 1. Provide high-level information about the lead applicant organization’s size, structure, and history. Specify whether the organization is a start-up or is more established. Describe any other organizations that will be partners, subcontractors, or sub-recipients for the project. Describe the applicant's process for developing the staffing capacity to successfully administer the program proposed in this application. | | |
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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. | | |
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| 1. Describe the applicant’s experience working with businesses in the target industries. | | |
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| 1. Describe the applicant-related experience in working with the target/priority population. | | |
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| 1. Describe the applicant’s related experience in working with eligible training providers and/or partners. |
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| **Complete the Staffing Plan Worksheet below.** |
| The JTED Program 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, connects, engages and educated the population served on the program opportunity 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. |
| 6. Use the JTED Staffing Plan Worksheet below to detail your staffing plan. |

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| **Staffing Plan** | | |
| **Organization Staff: (This includes individuals employed by the grantee or subcontracted personnel that will performance function supported by this opportunity. If staff will be hired to fill roles indicate this under name and complete the role and percent of time** | | |
| **Name and Email address** | **Role of Staff (i.e., Program administrator, fiscal manager, outreach and recruitment, job coach, case manager, employer relations, trainer/educator)** | **Percent of Time Spent on Program** |
| **Name:** |  |  |
| **Email** |
| **Name:** |  |  |
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| **Partner Roles and Responsibilities (as applicable)** | | |
| 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. Provide the below information on the partners that will be a part of this opportunity and their role in the program. This can include training providers, workforce organizations, unions, community-based organizations, employers, etc. | | |
| **Partner Organization** | **Contact** | **Role in Program** |
|  | **Name:** |  |
| **Email:** |
|  | **Name:** |  |
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|  | **Name:** |  |

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| 7. Explain the applicant's prior history in managing grants that are similar to what is intended in this NOFO. Provide details in the Grant history chart below. |

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| **Grant History** | | |
| **Delegate Agency Name:** |  | |
| **Grant Funding Source:** |  | |
| **Award Amount:** |  | |
| **Time Period:** |  | |
| **Planned Enrollment Goal:** |  | |
| **Actual Enrollments:** |  | |
| **Planned Placement Goal:** |  | |
| **Actual Placements:** |  | |
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| **Delegate Agency Name:** |  |
| **Grant Funding Source:** |  |
| **Award Amount:** |  |
| **Time Period:** |  |
| **Planned Enrollment Goal:** |  |
| **Actual Enrollments:** |  |
| **Planned Placement Goal:** |  |
| **Actual Placements:** |  |
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| **Delegate Agency Name:** |  |
| **Grant Funding Source:** |  |
| **Award Amount:** |  |
| **Time Period:** |  |
| **Planned Enrollment Goal:** |  |
| **Actual Enrollments:** |  |
| **Planned Placement Goal:** |  |
| **Actual Placements:** |  |

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| 8. Explain the applicant team’s experience with and ability to use an equity lens for program operations. An equity lens is a process that analyzes the impact of policies and practices on marginalized communities to inform and ensure successful outcomes for all program participants and partners. Provide evidence that equity is embedded in all aspects of program design and partnerships, including the successful placement and retention in the targeted occupation and career pathway. |
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| **PART C - NEED** |
| 1. Identify where customers will be recruited from and/or the project will operate and the specific locations where the training will be offered. (For underemployed customers this could include the employer worksite.). Priority is given to Qualified Census Tract (QCT), Disproportionately Impacted Area (DIA), and rural communities. (**https://www.illinoisworknet.com/qctdiamap)** |
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| 1. Describe the applicant’s focus on providing appropriate services in target industries and occupations as informed by labor market analysis, regional workforce data and employer needs information. |
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| 1. Describe the applicant’s description of the need for quality training in sector(s) and career pathway(s) and analysis of resources that can be leveraged through local and regional partners. |
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| 1. Describe the potential impact the program will have on stabilizing employers in the target industries affected by the COVID-19 pandemic. |
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| 1. Identify the needs of the target\priority population, including barriers to employment and how participation in the project will result in family-sustaining careers. (Adult or Youth) |
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| **PART D – PROGRAM PLAN** |
| 1. Explain how the applicant will focus on equity in all aspects of program design and partnerships, including successful transition and retention in a welcoming, inclusive environment. |
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| 1. Provide a comprehensive description for outreach and recruitment strategies to connect with individuals in the targeted and/or priority population through culturally relevant multiple medium. |
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| 1. Describe how the applicant will coordinate outreach and recruitment events with education, workforce, employer/industry organizations, and social service agencies to reach the targeted and/or priority population. |
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| 1. Identify how the applicant will establish relationships and engage individuals in the targeted and/or priority population, and how culturally relevant content will be utilized to inform individuals on the opportunities available including career(s) offered through their program and the type of services available including digital literacy. |
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| 1. Describe the plan to work with employers in the target industries and approach to meet the employers' needs for skilled employees. |
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| 1. Describe the level of participation of local employers or industry associations in developing training and implementation, including hiring program completers. |
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| 1. Describe the applicant's process to serve the target populations and their plan to provide services based on the participants' skill levels. |
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| 1. Describe partners' participation level, including training providers, the local workforce system, social service agencies, community-based providers, etc., to work together and design programs that collaborate on service delivery to maximize benefits to individuals in the local target population. |
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| 1. Referencing back to the Program Plan chart above, describe (in detail) the quality of the training providers, credentials, licenses, or certifications training participants will earn and the career pathways facilitating long-term advancement with the employer or within the industry sector. |
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| 1. Describe the plan to deliver supportive and barrier reduction services, including intake, distribution of funds and services, and referrals. Explain how applicants will provide services and funds promptly and efficiently to address immediate and longer-term needs. |
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| 1. Describe the plan to place individuals in unsubsidized employment, and/or the individual will experience an increase in earnings (for adult programs), or the plan for placement in post-secondary education (for youth programs) |
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| 1. Describe how activities with local and regional workforce, educational and economic development entities will   be coordinated. Include the referral of program participants into partner programs based on the individual employment plan of each participant. |
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| 1. Describe how you will assess the program and how this information will be used to enhance program delivery.   Program assessment may include surveys of program graduates regarding overall satisfaction with the training activities delivered and appropriateness to the targeted job opportunities, surveys of employers concerning the comprehensiveness of coverage of required job skills, etc. The assessment plan should indicate how the results of the assessment activities will be used to improve the training program continuously. |
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| 1. Complete the program implementation timeline and training program summary provided after the Budget Narrative/Cost Effectiveness section. A training program summary must be competed for each training program proposed. |

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| **PART E – BUDGET NARRATIVE / COST EFFECTIVENESS** |
| 1. Providea high-level budget narrative of the JTED program, including justification of the main budget expense   items and an analysis of the cost efficiency related to planned outcomes and proposed activities. |
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| 1. Provide detailed information for each line item in the Excel budget. Make sure to add a narrative for each line item. |

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| 1. Describe leveraged resources and plans to combine public and private funding. |
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| 1. Provide information regarding any subcontracts or partner agreements that will be funded under this grant.   Include a brief description of the services and the amount and the location of the services. |
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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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| **JTED Program Implementation Timeline** | | | |
| ***Project Timeline***  List the major project activities in the first column. In the second column, indicate the timelines for project completion. Timeliness 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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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Training Program Summary** | | | | | | **Program Type:** | **Please Select One:**   |  |  | | --- | --- | | Registered Apprenticeship |  | | Pre-Apprenticeship |  | | Career Pathways |  | | Youth Apprenticeship |  | | Illinois Apprenticeship |  | | Illinois Pre-Apprenticeship |  | | | | | | **Program Information** | | | | | | **Program Name** |  | | | | | **Program Category (Youth or Adult):** |  | | | | | **Targeted/Priority Population Served** |  | | | | | **Program Description:** |  | | | | | **Performance Information** | | | | | | **What is your Projected Number of Participants to Serve?** | Enrolled | Completion | Credentials Earned | Measurable Skill Gains | |  |  |  |  | | **What is your Projected Number of Participants Outcomes?** | Enrolled in Postsecondary Education | Employed | Retained | Wage Increase | |  |  |  |  | | **Training Program Information** | | | | | | **Training Program Career Pathway:** |  | | | | | **Training Program CIP Code:** |  | | | | | **Target Occupation:** |  | | | | | **SOC Code for Occupation of this Program:** |  | | | | | **Time to Complete in Weeks:** |  | | | | | **Training Program Service to be Offered (Reference NOFO Program Requirements 5-8):** |  | | | | | **Training Provider Name(s):** |  | | | | | **Will Participants be Co- Enrolled, If Yes, what is the Complementary Training Program(s)** |  | | | | | **Associated Credentials** | | | | | | **Credential Name:** |  | | | | | **Credential Type:** |  | | | | | **Institution/Owner of Credential:** |  | | | | | **Description:** |  | | | | | **Does the Customer Earn this Credential or Get Prepared to Earn this Credential upon Completion of the Program?** |  | | | | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Training Program Summary** | | | | | | **Program Type:** | **Please Select One:**   |  |  | | --- | --- | | Registered Apprenticeship |  | | Pre-Apprenticeship |  | | Career Pathways |  | | Youth Apprenticeship |  | | Illinois Apprenticeship |  | | Illinois Pre-Apprenticeship |  | | | | | | **Program Information** | | | | | | **Program Name** |  | | | | | **Program Category (Youth or Adult):** |  | | | | | **Targeted/Priority Population Served** |  | | | | | **Program Description:** |  | | | | | **Performance Information** | | | | | | **What is your Projected Number of Participants to Serve?** | Enrolled | Completion | Credentials Earned | Measurable Skill Gains | |  |  |  |  | | **What is your Projected Number of Participants Outcomes?** | Enrolled in Postsecondary Education | Employed | Retained | Wage Increase | |  |  |  |  | | **Training Program Information** | | | | | | **Training Program Career Pathway:** |  | | | | | **Training Program CIP Code:** |  | | | | | **Target Occupation:** |  | | | | | **SOC Code for Occupation of this Program:** |  | | | | | **Time to Complete in Weeks:** |  | | | | | **Training Program Service to be Offered (Reference NOFO Program Requirements 5-8):** |  | | | | | **Training Provider Name(s):** |  | | | | | **Will Participants be Co- Enrolled, If Yes, what is the Complementary Training Program(s)** |  | | | | | **Associated Credentials** | | | | | | **Credential Name:** |  | | | | | **Credential Type:** |  | | | | | **Institution/Owner of Credential:** |  | | | | | **Description:** |  | | | | | **Does the Customer Earn this Credential or Get Prepared to Earn this Credential upon Completion of the Program?** |  | | | | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Training Program Summary** | | | | | | **Program Type:** | **Please Select One:**   |  |  | | --- | --- | | Registered Apprenticeship |  | | Pre-Apprenticeship |  | | Career Pathways |  | | Youth Apprenticeship |  | | Illinois Apprenticeship |  | | Illinois Pre-Apprenticeship |  | | | | | | **Program Information** | | | | | | **Program Name** |  | | | | | **Program Category (Youth or Adult):** |  | | | | | **Targeted/Priority Population Served** |  | | | | | **Program Description:** |  | | | | | **Performance Information** | | | | | | **What is your Projected Number of Participants to Serve?** | Enrolled | Completion | Credentials Earned | Measurable Skill Gains | |  |  |  |  | | **What is your Projected Number of Participants Outcomes?** | Enrolled in Postsecondary Education | Employed | Retained | Wage Increase | |  |  |  |  | | **Training Program Information** | | | | | | **Training Program Career Pathway:** |  | | | | | **Training Program CIP Code:** |  | | | | | **Target Occupation:** |  | | | | | **SOC Code for Occupation of this Program:** |  | | | | | **Time to Complete in Weeks:** |  | | | | | **Training Program Service to be Offered (Reference NOFO Program Requirements 5-8):** |  | | | | | **Training Provider Name(s):** |  | | | | | **Will Participants be Co- Enrolled, If Yes, what is the Complementary Training Program(s)** |  | | | | | **Associated Credentials** | | | | | | **Credential Name:** |  | | | | | **Credential Type:** |  | | | | | **Institution/Owner of Credential:** |  | | | | | **Description:** |  | | | | | **Does the Customer Earn this Credential or Get Prepared to Earn this Credential upon Completion of the Program?** |  | | | | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Training Program Summary** | | | | | | **Program Type:** | **Please Select One:**   |  |  | | --- | --- | | Registered Apprenticeship |  | | Pre-Apprenticeship |  | | Career Pathways |  | | Youth Apprenticeship |  | | Illinois Apprenticeship |  | | Illinois Pre-Apprenticeship |  | | | | | | **Program Information** | | | | | | **Program Name** |  | | | | | **Program Category (Youth or Adult):** |  | | | | | **Targeted/Priority Population Served** |  | | | | | **Program Description:** |  | | | | | **Performance Information** | | | | | | **What is your Projected Number of Participants to Serve?** | Enrolled | Completion | Credentials Earned | Measurable Skill Gains | |  |  |  |  | | **What is your Projected Number of Participants Outcomes?** | Enrolled in Postsecondary Education | Employed | Retained | Wage Increase | |  |  |  |  | | **Training Program Information** | | | | | | **Training Program Career Pathway:** |  | | | | | **Training Program CIP Code:** |  | | | | | **Target Occupation:** |  | | | | | **SOC Code for Occupation of this Program:** |  | | | | | **Time to Complete in Weeks:** |  | | | | | **Training Program Service to be Offered (Reference NOFO Program Requirements 5-8):** |  | | | | | **Training Provider Name(s):** |  | | | | | **Will Participants be Co- Enrolled, If Yes, what is the Complementary Training Program(s)** |  | | | | | **Associated Credentials** | | | | | | **Credential Name:** |  | | | | | **Credential Type:** |  | | | | | **Institution/Owner of Credential:** |  | | | | | **Description:** |  | | | | | **Does the Customer Earn this Credential or Get Prepared to Earn this Credential upon Completion of the Program?** |  | | | | |