

Job Driven National Emergency Grant

Application for Innovative Work Based Training

LWIB Information	
LWIB Name:	Mailing Street Address:
Primary Contact:	City/ Town:
Total Project Cost:	State:
Total Funding Amount Sought from Job Driven (JD) NEG:	Zip Code:
Lead Applicant Point of Contact Information	
<i>Primary Contact: Authorized to commit organization; notified upon decision of grant award</i>	
Name:	Title:
Organization:	Phone:
Email Address:	Fax:
Mailing Street Address:	City/ Town:
State:	Zip +4 Code:
<i>SPoC: Contact over course of project</i>	
Name:	Title:
Organization:	Phone:
Email Address:	Fax:
Mailing Street Address:	City/Town:
State:	Zip +4 Code:

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Work Based Training Model (check the appropriate category)		
☐	Creation or Expansion of Customized Training Program	Creation or expansion of customized training programs in partnership with an employer or multiple employers from a similar industry sector (not incumbent worker training).
☐	Career Pathways Expansion	Expansion of existing career pathways programs that align adult education, career and technical education, occupational skills training, soft skills and supportive services.
☐	Accelerated Learning Model, such as contextualized learning	Expansion of accelerated learning models, such as contextualized learning models that combine career content with basic skills development, leading to faster course completion and matriculation into employment and/or higher level training.
☐	Apprenticeship Model	Creation or expansion of Registered Apprenticeship programs and pre-apprenticeship programs with a pipeline to Registered Apprenticeship.

Qualifications Form and Instructions

Instructions: Unless otherwise indicated, each section of this form must be completed.

1. Proposed Project Summary

In this space, provide a concise (no more than 200 words) summary of the proposed project, including why project is needed, what the target area is and population, who comprises the project team, employer partnerships and timeline.

2. Project/Model Details				
Please provide details of the Project/Model.				
Program Name:	Training Provider(s):	WIA ITA Eligible Training Provider: ☐ Yes ☐ No		
Does training result in Certification? ☐ Yes ☐ No If Yes please list: _____	Cost per Participant:	Planned number of eligible NEG participants:		
Total Cost of Program:	Planned Completion Rate:	Length of Training: Hours: _____ Weeks: _____		
Estimated Start Date:	Prior Placement History:	Expected Placement Rate:		
Other leveraged Funding?	Assessment requirements:			
3. Timeline for Project Plan - Please identify each activity that you will engage in during the project period. If necessary, insert rows into the chart to capture all of the activities you will be undertaking.				
Activity	Lead Person Responsible (Name/Title)	Key Participants (Name/Title/Role)	Planned Start & End Dates	Desired Outcome
Outreach/Recruitment				
Applicant Assessment				
Applicant Selection Process				
Training Program				
Implement Training Program				
If above schedule does not fully capture the nature of tasks associated with the project, please add additional detail in the form of a narrative.				

Please return completed applications, to Jason Albert at jalbert@detma.org