

View results

Respondent

6 Anonymous

01:16

Time to complete

Questions marked with a ✓ **EC Scored** will be evaluated by the Grants Committee.

### APPLICANT ORGANIZATIONAL INFORMATION

1. **Organization Name \***

2. **Alternate Business Name/DBA of Applying Organization (if applicable) \***

3. **Employer ID Number (EIN) \***

4. **Does Organization have an Oregon Department of Revenue Vendor Number?** Applicants are not required to have this vendor number. Organizations that have done previous business with the State of Oregon have a vendor number. If your organization has never done business with the State, one will be issued during the grant award process. If yes, please provide number \*

5. **Mailing Address \***

Enter address, City, State and Zip Code

**6. Organization Physical Address \***

Include City, State and Email or list "same" if same as mailing address in #5 above

Sample Only

**7. Program/Project Manager Name/ Email Address/ Phone number \***

Sample Only

**8. Primary Contact For This Application: Include Title, email and phone # \***

List if different from question #7 or list "same"

Sample Only

**9. Name of Person with Signing Authority for Grant Agreement: Include name, title and email \***

Sample Only

**10. Please provide a short summary of your most recent annual registration metrics (if currently a training agent). How many individuals did you recruit, register, and complete during this period? Please include demographic information such as ethnicity, gender and location (counties). \***

Sample Only

**11. Project Engagement Counties: List all counties where outreach and services will be provided. \***

Sample Only

**12. Number of Participants to be registered in Program: How many participants will you register in your program during the grant period? ✓ EC Scored \***

Sample Only

**13. Number of Participants to Complete the Program: How many participants will complete from the program during the grant period? ✓ EC Scored \***

Sample Only

14. **Budget Request by Category:** Please provide the project amount for each of the budget categories. ✓ **EC Scored**

Personnel

Fringe Benefits

Contractual/Consultant Services

Training/Program Equipment

Training/Program Supplies

Applicant and/or Apprentice Support Services

Other

\*

You will be required to submit a more detailed budget that shows the content of each of these categories.

Sample Only

15. **Budget Narrative** ✓ **EC Scored** \*

Describe the need and purpose of the expenditures listed for each budget category. In your response include the following information: How will the items in your budget support your project and its success? If your budget includes Apprentice Support Services, how many apprentices or applicants will receive this support? Include a statement regarding the scalability and sustainability of the project and budget.

Sample Only

16. **WHAT: Describe your project. What will you do? What will you create or expand?** ✓ **EC Scored**

Describe the overall goal of your project and key outcomes. \*

Sample Only

17. **HOW: What are your project's primary activities and outcomes?** ✓ **EC Scored**

Describe what you are planning to do with grant funds. How will success be measured? How will you successfully engage the selected targeted priority populations? \*

Sample Only

18. **WHY: What unmet workforce need does this project meet in the communities you plan to serve?** ✓ **EC Scored**

Describe why this project is needed in the geographic area(s). What workforce gap is it filling? \*

Sample Only

19. **Organizational Background and Staffing Capacity** ✓ **EC Scored** \*

Describe how your organization has the necessary experience, staffing, and management structure to successfully plan and implement the proposed project. Include any prior experience developing or supporting RAPs.

Sample Only

20. **Outreach and Engagement Strategies for Identified Priority Populations. ✓ EC Scored \***

What specific evidence-based outreach activities and strategies will you undertake to comply with 29 CFR part 30? If applicable, describe what is new and innovative about your proposed project/program or approach.

Sample Only

21. **Other Project Funding Sources ✓ EC Scored \***

Describe any additional funding sources (state, federal, private sector, or philanthropic contributions) that have been secured and will be leveraged for this project/program

Sample Only

22. **Name key project partners (if any):** Name the key partners critical to your project. If none, say so. \*

Please submit signed MOU's to [ATD.Grants@Boli.Oregon.gov](mailto:ATD.Grants@Boli.Oregon.gov)

Sample Only

23. **After reasonable inquiry and to the best of Applicant's knowledge, does the Applicant, training agents and/or employers (if any) have all required applicable licenses and are registered and in good standing with the State of Oregon?** If answering no, please provide an explanation. \*

Sample Only

24. **After reasonable inquiry and to the best of Applicant's knowledge, has the Applicant and its application related training agents and/or employers (if any) had any BOLI or OSHA related complaints within the past 5 years?** \*

If answering yes, please provide an explanation.

Sample Only

25. **Does the Organization have a Board of Directors or Trustees?** \*

Yes

No

26. I acknowledge that I have been informed that I must submit all required documentation as outlined on the Request for Grant Application, which includes the following:

- Project Plan (sample template provided in Attachment E).
- Budget (sample template provided in Attachment F).
- Signed Letters of Support from all key partners listed in application.
- Signed Applicant Certification Form (Attachment B).
- Applicant organization tax returns for the past two years. Does not apply to government related entities e.g. schools, Fire Districts et.
- Financial audit completed within the past three years. If the Applicant has not previously been audited, unaudited financial statements may be submitted.
- List of Board or Trustee members and titles or, if none exist, a list of individuals authorized to bind the Applicant and their title (e.g., CEO).
- List of Applicant's staff, titles, and percentage of FTE. If the organization is large, a list of only department or project related staff is acceptable.

To: [Loren.Burnham@Boli.Oregon.gov](mailto:Loren.Burnham@Boli.Oregon.gov) \*

Yes, documentation will be emailed

No