

ATTACHMENT A

APPLICANT INFORMATION FORM						
Applicant (Organization):				Eligible County:		
Contact Name:				DUNS #:		
Title:			E-mail:			
Mailing Address:				Phone:		
City:		State:		Zip Code:		
Type of Eligible Applicant:	Local Workforce Development Board: <input type="checkbox"/>	Educational Institution: <input type="checkbox"/>	Technical Center: <input type="checkbox"/>			
Executive Official Authorized to Sign Application:				Phone:		
Title:			E-mail:			
Executive Official Address (if different):						
City:		State:		Zip Code:		
Please list any other members of this Application Team, if any:		Contact Person:		Email Address:		
APPLICATION PREPARER INFORMATION						
Application Preparation Agency or Firm:						
Contact:						
Address:						
Phone:		Email:				
APPLICATION INFORMATION						
Total CDBG-DR Funding Requested:						
List participating partners for proposed activities (LWDBs, educational institutions, technical centers, private vendors, local governments, etc.):						

ATTACHMENT B

PROPOSAL DETAIL FORM

DESCRIPTION OF THE PROGRAM ADDRESSED IN THIS APPLICATION

1. Describe the proposed training subject areas and construction trades. Include the training timeframe for the overall proposed activities and individual subject areas or construction trades in the description, as applicable. Describe how the proposed training supports Hurricane Irma recovery efforts.

2. Describe the proposed job readiness and job placement services. Provide statistics demonstrating previous successful implementation of job readiness and job placement services, if applicable.

3. Describe the proposed activities to support Section 3 requirements.

4. Describe the proposed languages in which services will be available and the method of providing alternative language services.

5. Describe the proposed plan to ensure that at least 51% of individuals served will meet LMI requirements based on total household income and total household size.

6. Describe the proposed support services to be offered, if applicable, and how these services will be provided to participants. Provide statistics demonstrating previous successful implementation of support services, if applicable.

7. If the applicant proposes utilizing a partnership to deliver services, describe how partners will be selected and how the applicant will measure the partner's performance.

8. Describe how the proposed services meet HUD requirements for public services to be either a new service or a quantifiable increase in the level of an existing service. This increase must be above that provided through state or local funds in the year before the *Action Plan* was submitted.

9. Describe the proposed marketing and recruitment strategies to engage individuals interested in participating in the program.

10. Describe the proposed intake process for individuals interested in receiving services.

11. Describe the proposed process for preventing duplication of benefits or supplanting of other funds. Include controls relating to dually-enrolled participants with other federal programs in the description, if applicable.

13. Describe the proposed internal financial and programmatic monitoring process for the program.

14. Describe the proposed process for maintaining participant files.

15. Provide any other information the applicant deems necessary for understanding and evaluation of the application.

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ATTACHMENT C

PROPOSAL BUDGET FORM

Category	Total Funds Requested (through program end date)	Description
Job search services		
Training services		
Support services		
Program management and oversight (Nonadministrative)		
Case Managers' salaries and benefits		
Supervisor salaries and benefits		
Supplies		
Communication		
Other expenses		
Program administration		
Total Expenditures		

Category	Projected Participants Served (through program end date)
Total Projected Participants	
Participants receiving job search services	
Participant receiving training services	
Participants receiving support services	
Participants employed at exit	