

Rebuild Florida Workforce Recovery Training Program for Hurricane Michael



ATTACHMENT A

APPLICANT INFORMATION FORM									
Applicant (Organization):									
Eligible County/Counties:						DUNS #:			
Primary Contact Name:						FEIN:			
Title:					E-mail:				
Mailing Address:						Phone:			
City:			State:			Zip Code:			
Type of Eligible Applicant:	Local Workforce Development Board:		Educational Institution:		Technical Center:				
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:						
FUNDING INFORMATION									
Total CDBG-DR Funding Requested:									

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ATTACHMENT B

PROPOSAL DETAIL FORM

DESCRIPTION OF THE PROGRAM ADDRESSED IN THIS APPLICATION

1. Workforce Training. Describe the proposed training subject areas, specifying the applicable construction occupations and/or customized training occupations/trades. If customized training occupations/trades are proposed, provide statistics demonstrating the specific economic revitalization need for each occupation/trade, specific to the local region. Include the training timeframe for the overall proposed activities and individual subject areas or trades in the description, as applicable. Describe how the proposed training supports Hurricane Michael recovery efforts.

1. Workforce Training (cont.)

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2. Career Services. Describe the proposed career services, including job readiness and job placement services. Provide statistics demonstrating previous successful implementation of career services in the 5 years immediately preceding the application, if applicable.

3. Support Services. Describe the proposed support services to be offered, if applicable, how participants will be screened for services, and how services will be provided to participants. Provide statistics demonstrating previous successful implementation of support services in the 5 years immediately preceding the application, if applicable.

4. Public Service. 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 (submitted May 14, 2020). Provide details demonstrating that the proposed WRTP participants, and any funds expended on WRTP participants, will be above and beyond any available number of training spaces and funding available for the same purpose.

5. National Objective. Describe the proposed plan to ensure that at least 70% of individuals served will meet LMI requirements based on total household income and total household size. Provide statistics demonstrating previous successful delivery of workforce training services to low income individuals in the 5 years immediately preceding the application, if applicable.

6. Fees. In accordance with HUD requirements, subrecipient programs and services utilizing CDBG-DR funds may not charge fees to participants, in order to ensure that LMI persons are not precluded from accessing programs and benefits. Confirm that the respondent will not charge fees to participants in programs and/or services provided through the WRTP, and describe how the respondent will address any financial impact from this requirement.

7. Services for Individuals with Limited English Proficiency. Describe the proposed languages in which services will be available and the method of providing services in alternative languages.

8. Graduate Placement. Provide statistics demonstrating graduate placement rate within the 5 years immediately preceding the application. Include the graduate placement rate in a percentage form.

9. Partner Selection. If the applicant proposes utilizing any partnership(s) to deliver services, describe how partners were/will be selected and how the applicant will measure the partner's performance.

10. Public Outreach. Describe the proposed marketing and recruitment strategies to engage individuals, particularly within the target LMI demographic, interested in participating in the program.

11. Intake Process. Describe the proposed intake process for individuals interested in receiving services, including application intake, processing, and eligibility determination.

12. Duplication of Benefits. 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, if applicable.

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

14. Records. Describe the proposed process for maintaining participant files.

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

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ATTACHMENT C

PROPOSAL BUDGET FORM				
COST CATEGORY	FUNDS REQUESTED (through program end date)			DESCRIPTION
	Funds for HUD-identified MID areas*	Funds for state-identified MID areas**	Total Funds Requested	
1. Core Services – Workforce Training Program <i>(includes subcategories 1.A., 1.B., and 1.C. below)</i>				
1.A. Career Services and Case Management <i>(includes case manager salaries)</i>				
1.B. Training Services				
1.C. Support Services				
2. Program Management and Oversight <i>(includes subcategories 2.A, 2.B, 2.C, and 2.D below)</i>				
2.A. Staff Salaries and Benefits <i>(activities not relating to delivering Core Services above)</i>				
2.B. Supplies				
2.C. Communication				
2.D. Other Expenses				
3. Local Administration <i>(includes subcategories 3.A and 3.B below)</i>				
3.A. Indirect Costs				
3.B. Other Expenses				
TOTAL EXPENDITURES				

* Bay, Calhoun, Franklin, Gadsden, Gulf, Jackson, Liberty, Wakulla, and Washington counties

** Holmes, Leon, and Taylor counties

NOTE: Breakdown of funds between HUD-identified MID areas and state-identified MID areas should be based on the location where the funds will be expended, e.g. where the training or activity will occur, and not the location where the participant resides

Category	Projected Participants Served (through program end date)	Basis for Projection (historical data, etc.)
Total Projected Participants		
Participants receiving training services		
Participants completing training		
Participants receiving support services		
Participants receiving career services		
Participants employed at exit		