**Exhibit A – 1 – Proposal for WIOA One-Stop Operator Grant Application**

The applicant's responses to the following questions will constitute their proposal for this Request for Grant Application. All attachments and exhibits prepared by the Workforce Development Board and referenced herein are incorporated by reference. Information provided by the proposer, such as program offerings, curriculum, key personnel, and performance metrics, may be included in the final contract.

**Proposer Information**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Type: ☐ Nonprofit ☐ Private Entity ☐ Government Agency ☐ Consortium

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Summary:**

|  |  |
| --- | --- |
|  | Amount: |
| One-Stop Operator Funds Requested |  |
| Funds from Other Sources (if available) |  |
| In-kind Contribution Value (if available) |  |
| Total Project Cost |  |

**Acknowledgment**

I, the undersigned, certify that the information provided in this Request for Grant Application has been reviewed in its entirety and is true and accurate to the best of my knowledge. I understand that any false or misleading statements may result in disqualification from funding consideration. I agree to comply with all applicable Workforce Innovation and Opportunity Act regulations, federal and state laws, and reporting requirements.

The affixed signature accepts responsibility on behalf of said organization to inform its members of the content herein. All terms and conditions of this Request for Grant Application shall be a part of any contract entered into because of this proposal.

Authorized Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit A – 2 – Conflict Disclosure Form**

Please disclose any conflicts or potential conflicts of interest that any board member, officer, director, or administrator of the organization may have with the Pocono Counties Workforce Development Area or its officers. Only those listed below need to be disclosed. One form per conflict is required. Please duplicate as necessary to disclose fully. All disclosure forms must be electronically signed, regardless of conflict.

Conflict of Interest is defined as the substantial probability that an individual's actions will result in measurable direct benefits accruing to the individual as opposed to benefits accruing in general to an industry.

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual’s Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May have a conflict or potential conflict of interest, including any familial relationship, with any of the following (mark all that apply):

[ ]  Member or members of the Alaska Workforce Investment Board;

[ ]  Staff appointed by the Alaska Workforce Investment Board;

[ ]  Staff at Alaska Job Center Network Site or Affiliate Sites;

[ ]  Any other staff within the State of Alaska Workforce Development Area.

Please briefly specify any and all mitigation measures to avoid, in fact or appearance, any conflicts or potential conflicts of interest:

Authorized Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exhibit A – 3 – Project Narrative**

**Project Abstract:**

1. Share a brief description of the proposed project, including project activities to be undertaken and resources used.
2. Provide a high-level overall timetable for the proposed project. The project must be initiated after the grant agreement is executed and concluded no later than June 30, 2027.
3. Provide a high-level budget summary. Please make clear what the program funds will be used for. This does not replace the required budget narrative in the budget form.
4. Is the proposed project an extension or expansion of an existing offering or service? If so, please briefly summarize your existing offering. If not, please describe your experience with similar projects.
5. Explain the outputs that the project activities will produce or accomplish for beneficiaries. What metrics will be used to evaluate project effectiveness and assess whether the work is on track?
6. Please highlight any effects for residents who face significant barriers to employment, including WIOA Title I Adult, Dislocated Worker, or Youth eligible individuals, as well as individuals who face any other barriers to employment.
7. Describe fiscal and administrative controls within your organization to properly manage these funds and provide quarterly budget and project performance reporting to the Alaska Workforce Investment Board.
8. If the Alaska Workforce Investment Board is unable to provide the full amount of requested funds, how will you fill in that funding gap and/or adjust programming to reflect the new budget?
9. Describe how the proposed project aligns with the specific performance measures outlined in the RGA. What targets will be set, and what strategies will ensure they are met?
10. Detail how you plan to engage participants (especially WIOA or TANF eligible) and ensure they benefit from the services provided.
11. As the RGA mentions, describe any partnerships or collaborations with local businesses that will facilitate job placements or training opportunities.
12. Explain any innovative methods, services, or technologies you will incorporate to enhance service delivery and participant support.
13. Specify systems that effectively collect data and report performance metrics to meet RFP compliance.
14. Describe your organization’s previous experience working with WIOA Eligible populations, particularly those facing barriers to employment
15. What mechanisms will you implement to gather feedback from participants and employers, and how will this inform program improvements?

**Exhibit A – 4 – Budget and Budget Narrative**

|  |
| --- |
| **BUDGET SUMMARY** |
| **Category** | **Year 1** |
| Personnel |  |
| Fringe Benefits |  |
| Travel |  |
| Equipment |  |
| Supplies |  |
| Contractual |  |
| Construction |  |
| Other |  |
| Total Direct Charges |  |
| Indirect Charges  |  |
| **Total** |  **$**  |

|  |
| --- |
| **Personnel** |
| **Position Title**  | **% on Project** | **Base Salary** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **PERSONNEL TOTAL** |   |   |  **$**  |
|  |  |  |  |
| **Fringe Benefits** |
| **Position Title**  | **% on Project** | **Base Fringe** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **FRINGE BENEFITS TOTAL** |   |   |  **$**  |
|  |  |  |  |
| **Travel** |
| **Description** | **# of trips** | **Cost per trip** | **Total** |
| Instate travel |  |  |  |
| Out-of-state travel, |  |  |  |
| **TRAVEL TOTAL** |   |   |  **$**  |
|  |  |  |
|  |  |  |  |
| **Supplies** |  |
| **Item** | **Cost per item** | **Total** |  |
|  |  |  |  |
|  |  |  |  |
| **SUPPLIES TOTAL** |   |  **$**  |  |
|  |  |  |  |
| **Contractual** |  |
|  |  | **Total** |  |
|  |  |  |  |
|  |  |  |  |
| **CONTRACTUAL TOTAL** |   |  **$**  |  |
|  |  |  |  |
| **Other** |  |
|  |  | **Total** |  |
|  |  |  |
|  |  |  |
| **OTHER TOTAL** |   |  **$**  |  |
|  |  |  |  |
| **Indirect** |  |
|  |  | **Total** |  |
|  |  |  |
| **INDIRECT TOTAL** |   |  **$**  |  |

**Exhibit A – 5 – Organizational Information and Attachments**

**Required and Supplemental Organizational Documents Checklist (attach one set only).**

[ ]  Exhibit A – Request for Grant Application (RGA) Application

[ ]  A list of persons who will execute the project and manage the funded activities. Include descriptions of their education, work experience, and qualifications. Current curriculum vitae may describe education, work experience, and qualifications.

[ ]  The Organization’s latest IRS Form W-9 (Request for Taxpayer Identification Number & Certification)

[ ]  Program Narrative (Supplemental): This should include any supplementary documents that the applicant may deem necessary that are not included in the submitted RGA Application. These documents can include but are not limited to the following:

* Organizational Experience and Technical Competence
* Program Description, Design, Service Schedule, or Outline
* Demonstrated Performance History and Ability to Meet Goals

[ ]  Budgetary Documents: This should include but is not limited to the following:

* + Costs, Budget Justification, Leverage of Funds
	+ Line-Item Budget
	+ Statement of Expenditures

**Submission Instructions:**

* Completed applications **are due on Wednesday, April 16, 2025, by 11:59 p.m.**
* Submit via email to **awib@alaska.gov**
* For questions, contact **Jeff Steeprow** at **jeffrey.steeprow@alaska.gov**