



# JTED-SNAP PILOT PROJECT

## ALL APPLICANTS MUST SUBMIT

- Copy of the organization's not-for-profit approval letter
- IRS Taxpayer Identification Number W-9 Form
- Cost Allocation Plan
- List of Board of Directors
- MOU with Partner Employers
- MOU with Partner Training Providers
- MOU with Local DHS office
- Any additional attachment you feel will benefit your application

## PRE-AWARD REVIEW

- Applicants are subject to a Pre-Award Survey to be conducted by DCEO Fiscal Monitors. The survey will be completed prior to the grant being issued. The purpose of the review is to establish confidence that the organization has a sound fiscal system established.

## SUBMISSION DETAILS

- All applications must be sent electronically to DCEO by **5:00 pm on October 28, 2015** in order to be considered for funding. Proposals must be submitted to the following address: [JTED-SNAP@illinoisworknet.com](mailto:JTED-SNAP@illinoisworknet.com). Applications received after the submittal date will be considered for funding and reviewed only if funding remains available after review and grant award of timely submittals.
- All applications must be submitted in the format prescribed by the department. **A template, (Organization Name – JTED-SNAP Pilot Project Application.doc), is provided to complete the application.** Instructions for completing each section are included at the end of the file. When completed rename the document by replacing "Organization Name" with the name of the applying organization. Proposals not prepared in this format may not be considered for funding.
- All applicants must be in compliance, or agree to comply, with applicable federal and state laws and related regulations in order to be considered for an award.



# GRANT APPLICATION COVER PAGE

## JTED-SNAP Pilot Project Application

<p><b>DCEO Use Only:</b>          Application #: _____          Grant #: _____</p>
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### SECTION 1: APPLICANT INFORMATION

1.1	<b>Legal Name of Applicant:</b> <i>(Attach copy of W-9)</i>		
1.2	<b>Address of Applicant:</b> <i>(Include your extended 9-digit zip code):</i>		
1.3	<b>Chief Officer:</b> <i>(If more than one, attach a list with all Officers)</i>	Name:	
		Title:	
		Address:	
		Phone:	
		Fax:	
		E-Mail:	
1.4	<b>Description of Applicant:</b> <i>(200 Character maximum)</i>		
1.5	<b>NAICS Code:</b>	<i>(6-digit Industry Classification Code)</i>	
1.6	<b>Applicant Website:</b>		
1.7	<b>Applicant FEIN:</b>		
1.8	<b>Applicant SSN:</b> <i>(Enter only if applicant is individual and does not have a FEIN)</i>		
1.9	<b>Applicant's DUNS Number:</b>		
1.10	<b>Applicant Fiscal Year:</b>	From:	To:
1.11	If applicable, indicate the following.	<input type="checkbox"/> Female-Owned <input type="checkbox"/> Minority-Owned	
	If minority-owned, then check the appropriate race/ethnic group box.	Black / African Americans	<input type="checkbox"/>
		Hispanic Americans	<input type="checkbox"/>
		Native Americans	<input type="checkbox"/>
		Asian-Pacific Americans	<input type="checkbox"/>
		Asian-Indian Americans	<input type="checkbox"/>
1.12	Indicate the number of people expected to be served by the grant in the appropriate race/ethnic group box below.		
	<b>Race/Ethnic Group</b>	<b># People Served by Grant</b>	
	Black / African Americans		
	Hispanic Americans		
	Native Americans		
	Asian-Pacific Americans		
	Asian-Indian Americans		
	Other:		

## SECTION 2: APPLICANT HISTORY

2.1	Have you received a grant from the State of Illinois within the last 3 years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Provide total number of grants received from the State of Illinois within the last 3 years.	
	If yes, provide the following for each grant received in last 3 years:	Agency: Grant #: Grant Amount: Grant Term: General Description: Issues:
2.2	If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years.	
	<b>Name</b>	<b>FEIN</b>
2.3	In the past twelve months, have there been any changes in the following key staff? Check all that apply. Provide detail for any boxes checked including names of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant.	
	<input type="checkbox"/> CEO/Executive Director/Chief Elected Official <input type="checkbox"/> CFO/Controller <input type="checkbox"/> Grant Administrator <input type="checkbox"/> Grant Administrative Support Staff ( <i>i.e. Reporting, correspondence, document control</i> ) <input type="checkbox"/> Bookkeeper/Accountant for Grant <input type="checkbox"/> No Changes	
	Provide detail for any checked boxes:	
2.4	If your proposed budget includes any staff costs for this grant, please indicate the type of documentation that will be maintained and used to allocate staff costs to the DCEO grant.	
	<input type="checkbox"/> Time sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time spent <input type="checkbox"/> Other, please describe: <input type="checkbox"/> None	
2.5	Has the applicant or any principal formed a business that existed for less than two years? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	If yes, provide name(s) of the business and reason(s) that it existed for less than two years.	
2.6	Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.	
2.7	Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant's knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	If yes, provide requested information.	
2.8	Does the applicant or any principal owe any debt to the State? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
	If yes, list reason and amount:	

## SECTION 3: PROPOSAL INFORMATION

3.1	<b>Submittal Date:</b>		
3.2	<b>Project Title:</b>		
3.3	<b>Brief Project Description:</b> <i>(Complete attached Scope of Work) (550 Character maximum)</i>		
3.4	<b>Project Location:</b>	Street Address: City:	County:
3.5	<b>Areas Served:</b>		
3.6	<b>Project Contact:</b>	Name: Title: Address: Phone: Fax: E-Mail:	
3.7	<b>Project Period:</b>	Start Date:	End Date:
3.8	<b>Project Costs:</b> <i>(Complete attached Budget)</i>	Funding provided by the applicant: Secured funding from other sources: Funding requested from DCEO:	
		<b>Total Project Cost</b>	\$0.00

## SECTION 4: SCOPE OF WORK

*Project Title*

*Description of project:*

Grantee will complete the following tasks:

DESCRIPTION OF TASKS	ESTIMATED COMPLETION DATE
<b>Task 1.</b>	
<b>Task 2.</b>	
<b>Task 3.</b>	
<b>Task 4.</b>	
<b>Task 5.</b>	
<b>Task 6.</b>	
<b>Task 7.</b>	
<b>Task 8.</b>	

## SECTION 5: PERFORMANCE MEASURES

Performance Measure	Target
Enrolled in Training	
Completing Training	
Employed (Category 1b and 2 Only)	
Retaining Employment (90 days or 150 non consecutive days)	
Receiving Wage/Benefit Increase (Category 1a Only)	

## SECTION 6A: CURRENT EMPLOYMENT LEVEL

Number of permanent full-time individuals currently employed by applicant	
Number of permanent part-time individuals currently employed by applicant	

## Section 6B: Projected Employment Impact (FTE Value Table)

		Created Positions in FTE Categories:				Retained Positions in FTE Categories:			
		Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H
		Permanent Full Time	Permanent Part Time	Temporary Full Time	Temporary Part Time	Permanent Full Time	Permanent Part Time	Temporary Full Time	Temporary Part Time
Row 1 (To be completed by applicant)	# of positions in each FTE category (A - H)								
Row 2	Auto calculation of FTE subtotals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Row 3	Auto Calculation: Created FTEs:			0.00					
Row 4	Auto Calculation: Retained FTEs:			0.00					
Row 5	Auto Calculation: Permanent Full Time Jobs Created:			0.00					
Row 6	Auto Calculation: Permanent Full Time Jobs Retained:			0.00					
Row 7 (cell to be completed by applicant)	Manual Calculation: Average of Annualized Salaries for Permanent Full Time Jobs Created:			\$					
Row 8 (cell to be completed by applicant)	Manual Calculation: Average of Annualized Salaries for Permanent Full Time Jobs Retained:			\$					
Row 9 (cell to be completed by applicant)	Other anticipated employment impacts of DCEO grant:								

## SECTION 6C: PROJECTED CONSTRUCTION JOBS IMPACT

Projected number of construction labor hours for project	
Projected number of construction FTE's for project (FTE's = total hours in row above divided by 2,080 hours)	

## SECTION 7: BUDGET

Line Item or Cost Category Description	Requested Grant Budget Amount	Proposed Match Budget Amount
Training		
Participant Wages		
Supportive Services		
Career Navigators		
Administration		
<b>Total Cost</b>	\$0.00	\$0.00

## SECTION 8: PROGRAM SPECIFIC INFORMATION

### BUDGET AND COST JUSTIFICATION JTED-SNAP PILOT PROJECT

Line Item	Cost Justification (for cost request in this RFA)
1. Training	
2. Participant Wages	
3. Supportive Services	
4. Career Navigators	
5. Administration	

#### 1. Executive Summary

Provide an executive summary of your organization's overall mission, history operating job training programs that serve low wage/low skilled workers and unemployed disadvantaged individuals including SNAP recipients, summary of the proposed project and use of funds and highlight the benefits/outcomes of the project, and fiscal capacity. (Not to exceed one pages)

#### 2. Agency Experience

1. Describe your organization's executive management structure and experience. Identify the number of years providing employment and training services.
2. Provide information regarding your organization's capacity and experience in managing a participant payroll system for subsidized work experience. CBO will be the employer of record.
3. Identify the main person responsible for this project and explain his or her experience and provide contact information (attach resume).

#### 3. Program Experience

1. Provide information regarding recent state or federal grants (within the last 4 years) awarded to administer employment and training programs. Include the year, grant amount, and number of individuals served.

2. For employment and training programs you have administered how do you measure success, and by those measurements, how successful have the programs been? Provide specific data.
3. Does your organization target a specific geographical area? If yes, define the region by county or neighborhood in Chicago.
4. Does your organization target a specific sector(s)? If yes, identify the sector(s) in which you provide training services.
5. Does your organization currently have a working relationship with the Local Department of Human Services (DHS) office? What is that relationship?
6. Does your organization currently have a working relationship with the Local Workforce Development Area (LWDA)? What is that relationship?

#### **4. Project Design**

1. The training provided must be employer and sector demand driven. Describe the relationship between the CBO and employer(s) to include the role of the employer(s) in assessing employees skill needs, developing training curriculum, coordination training, their commitment to placement, retention and promoting trained SNAP participants. Include employer partnership agreements as an attachment.
2. SNAP participants must be trained in a career pathway that will lead to mid-skill careers for identified sectors. Describe the career pathway(s) being considered for training and how these pathways will lead to self-sufficient careers.
3. Once referral is made the CBO must enroll the participant into the right fit training program. Describe the process for immediately engaging the participants after referral, determining skill deficiencies which may include additional assessments, the functions of partner providers and collaboration of services, and the functions of the career navigators to keep the participants active in services. A career plan is required.
4. SNAP participants may have one or more barriers to participation in the training program. What assessments and services will be provided to insure the participant can stay active in the training program (childcare, transportation, housing needs, and dependency issues) and what relationship do you have with other social service providers that can assist with barrier mediation.
5. In addition to support services to alleviate barriers are other support systems established to help SNAP participants stay engaged in the training program for example mentoring, peer groups, counseling, etc.
6. It is recommended to leverage other funding sources to support the SNAP participant. What other funding opportunities exist in your organization to blend resources for efficiency and sustainability.

<b>Priority of Sector Training Services Offered</b>
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Please rank each of your training programs according to preference of service, if more than one sector training
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program is being proposed. This will assist in appropriate geographic and sector coverage.

<b>Training Program Number 1</b>	Program Name:	
	Geographic Region Served:	
	Targeted Sector:	
	Estimated Number of Participants:	
	Cost Per Participant:	
<b>Training Program Number 2</b>	Program Name:	
	Geographic Region Served:	
	Targeted Sector:	
	Estimated Number of Participants:	
	Cost Per Participant:	
<b>Training Program Number 3</b>	Program Name:	
	Geographic Region Served:	
	Targeted Sector:	
	Estimated Number of Participants:	
	Cost Per Participant:	
<b>Training Program Number 4</b>	Program Name:	
	Geographic Region Served:	
	Targeted Sector:	
	Estimated Number of Participants:	
	Cost Per Participant:	
<b>Training Program Number 5</b>	Program Name:	
	Geographic Region Served:	
	Targeted Sector:	
	Estimated Number of Participants:	
	Cost Per Participant:	

**5. Program Implementation and Monitoring**

1. What strategies will you implement to assure that your program will stay on schedule and meet the program objectives? What is your strategy for monitoring sub-contracted providers and assuring they are meeting program timelines and requirements (if applicable)?
2. What is your strategy for monitoring work sites (Site visits, phone contact, desk audits, reports, etc. include frequency)?
3. How will you resolve disputes, address complaints, and provide overall program support to ensure that the worksites provide a high quality work experience that includes proper supervision?
4. What is your strategy for follow-up on SNAP participants placed in unsubsidized permanent employment either in the career pathway or other employment.

**6. Training Program Format**

Use the space below to describe the JTED-SNAP Training Program. If more than one training program is being considered complete this format for each program. Additional training program formats are provided after Section 9 (Applicant Certification).

**Career Training Program Name:** \_\_\_\_\_

**Sector Served:** \_\_\_\_\_

**Program Category(ies):** \_\_\_\_\_

Benchmarks for Clients Served by Training Program:

<b>Enrolled</b>	<b>Completion</b>	<b>Employed (Category 1b and 2)</b>	<b>Retained</b>	<b>Wage/Benefit Increase (Category 1)</b>

**Summary:** Summarize the career training program, how it meets the need of the Sector, and the SNAP participants to be trained, and the intended outcome.

**Activities:** Describe the following training activities:

1. Utilizing the Accelerated and Enhanced Training Modules described in the RFA, explain the career training program design. Is a bridge program offered for this training program? Is the training provided internally or will training provider be utilized and who is the provider. There may be more than one training provider depended on the modules.
2. Describe the training materials and the relevance to the industry.
3. What is the structure of the training, is it classroom, vocational, does it include an OJT, apprenticeship, subsidized work experience etc. Where will the training take place?

4. What credential/certifications will be earned and what are the expected outcomes that result in long range benefits to the participant's ability to access and advance in a career pathway.

5. Will other funding opportunities be leveraged to offer a blend of resources for efficiency and sustainability?

**Occupation Summary:** List the occupation, existing occupation wage rate, and average projected cost per participant required for each participant to complete the training program. (If more than one occupation is covered in this training program, specify by occupation):

Occupation	Existing Wage Rate	Average Cost per Participant

**JTED-SNAP Acceptance Requirements:** Provide the eligibility criteria requirements for SNAP registrants to be accepted into the the Community Based Organizations (CBO) Sector Training Program.

Academic Baseline	Minimum Level Required
(Example) Reading	6 <sup>th</sup> grade level
Physical Baseline	Minimum Level Required
(Example) Drug Test	Pass

**Implementation Plan:** Complete the implementation plan below taking into consideration it is dependent on the referral process. Complete the timeline plan for each relevant module. If the a module has open enrollment indicate so in the start date.

Does your program operate on open enrollment (Y/N):

Is your program based on cohorts (Y/N):

Is it a combination of open enrollment and cohorts depending on the training module (Y/N):

Cohort	Module 1 Bridge Program Basic Skills/ESL		Module 2 Integrated Adult Education and CTE		Module 3 Industry Recognized Credentials	
	Start	End	Start	End	Start	End
Cohort Number						



transportation needs?

- Are the worksites accessible and compliant with American with Disabilities Act (ADA) requirements? Explain the organization's plans to continually assess and comply with ADA requirements?

**Partnerships:** List other partnerships established, the role they play (ie. training provider), and any matching funds they provide to administer the training program. Matching funds can be cash or in-kind contributions. (If your list of partnership exceeds the space provide below, include the additional partners in an attached document with the below format.)

Partner Name (Local Economic Development, Sector Representatives, Training Partners, Social Service Organizations)	Role this partner plans in the JTED program	Partner Match

If services will be provided by a sub-contracted provider that is not established yet, how will the provider(s) be selected and what is your timeframe for the selection process?

**Supportive Services:**

- List what supportive services the agency has the capable to providing or coordinate for SNAP participants (for example childcare, transportation, housing, dependancies, clothing and/or uniform needs, mentoring, peer groups, counseling, etc.) and how these services will be funded. Identify social service organization that will partner to provide services and their role.

Supportive Service Provided	Funded by Agency, Partner, or Both	Name of Partnering Organization(s)	Role of Partnering Organization(s)
	N/A		

**SECTION 9: APPLICANT CERTIFICATION**

## SECTION 9: APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information submitted herewith is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

I hereby release to DCEO the rights to and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after the grant application for the purpose of publication on DCEO's website. I hereby also release any and all claims against DCEO, its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.

Signature	Name & Title	Date

**6. Training Program Format**

Use the space below to describe the JTED-SNAP Training Program. If more than one training program is being considered complete this format for each program.

**Career Training Program Name:** \_\_\_\_\_

**Sector Served:** \_\_\_\_\_

**Program Category(ies):** \_\_\_\_\_

Benchmarks for Clients Served by Training Program:

Enrolled	Completion	Employed (Category 1b and 2)	Retained	Wage/Benefit Increase (Category 1)

**Summary:** Summarize the career training program, how it meets the need of the Sector, and the SNAP participants to be trained, and the intended outcome.

**Activities:** Describe the following training activities:

1. Utilizing the Accelerated and Enhanced Training Modules described in the RFA, explain the career training program design. Is a bridge program offered for this training program? Is the training provided internally or will training provider be utilized and who is the provider. There may be more than one training provider depended on the modules.
2. Describe the training materials and the relevance to the industry.
3. What is the structure of the training, is it classroom, vocational, does it include an OJT, apprenticeship, subsidized work experience etc. Where will the training take place?
4. What credential/certifications will be earned and what are the expected outcomes that result in long range benefits to the participant's ability to access and advance in a career pathway.
5. Will other funding opportunities be leveraged to offer a blend of resources for efficiency and sustainability?

**Occupation Summary:** List the occupation, existing occupation wage rate, and average projected cost per participant required for each participant to complete the training program. (If more than one occupation is covered in this training program, specify by occupation):

Occupation	Existing Wage Rate	Average Cost per Participant

**JTED-SNAP Acceptance Requirements:** Provide the eligibility criteria requirements for SNAP registrants to be accepted into the the Community Based Organizations (CBO) Sector Training Program.

Academic Baseline	Minimum Level Required

(Example) Reading	6 <sup>th</sup> grade level
<b>Physical Baseline</b>	<b>Minimum Level Required</b>
(Example) Drug Test	Pass

**Implementation Plan:** Complete the implementation plan below taking into consideration it is dependent on the referral process. Complete the timeline plan for each relevant module. If the a module has open enrollment indicate so in the start date.

Does your program operate on open enrollment (Y/N):

Is your program based on cohorts (Y/N):

Is it a combination of open enrollment and cohorts depending on the training module (Y/N):

Cohort	Module 1 Bridge Program Basic Skills/ESL		Module 2 Integrated Adult Education and CTE		Module 3 Industry Recognized Credentials	
	Start	End	Start	End	Start	End
Cohort Number						

**Employer Partners and Placement:** Established employer partnerships are required to place SNAP participants in permanent self sufficiency career pathway positions and for subsidized work experience as provided for in this grant opportunity and identified in the RFA.

1. Describe your strategies for placing participants in appropriate employment. Be specific.
2. What employment services will be provided to SNAP participants that do not complete the training program but require placement services either in related or unrelated occupation.

3. Additional employer partner relationships should be created during the course of the program. What is your strategy for developing additional employer relationships either for permanent placement and/or worksites?
  
4. List below the employer partners and identify if they will provide permanent employment opportunities and/or will be a job site for work experience. Provide the number of jobs by employer and if they are secured placements. (If your list of employers exceeds the space provide below, include the additional employers in an attached document with the below format.)

Name of Employer	Subsidized Work Experience Site (Y/N)	Permanent Career Pathway Placement (Y/N)	Secured Placement (Y/N)	Contact Name and Number	Number of Jobs

5. What will be your strategy for ensuring proper levels and quality of supervision for work experience sites?
  
6. Does the physical location of the worksites have access to public transportation? If not how will you address transportation needs?
  
7. Are the worksites accessible and compliant with American with Disabilities Act (ADA) requirements? Explain the organization’s plans to continually assess and comply with ADA requirements?

**Partnerships:** List other partnerships established, the role they play (ie. training provider), and any matching funds they provide to administer the training program. Matching funds can be cash or in-kind contributions. (If your list of partnership exceeds the space provide below, include the additional partners in an attached document with the below format.)

Partner Name (Local Economic Development, Sector Representatives, Training Partners, Social Service Organizations)	Role this partner plans in the JTED program	Partner Match


If services will be provided by a sub-contracted provider that is not established yet, how will the provider(s) be selected and what is your timeframe for the selection process?

**Supportive Services:**

1. List what supportive services the agency has the capable to providing or coordinate for SNAP participants (for example childcare, transportation, housing, dependancies, clothing and/or uniform needs, mentoring, peer groups, counseling, etc.) and how these services will be funded. Identify social service organization that will partner to provide services and their role.

Supportive Service Provided	Funded by Agency, Partner, or Both	Name of Partnering Organization(s)	Role of Partnering Organization(s)
	N/A		

**6. Training Program Format**

Use the space below to describe the JTED-SNAP Training Program. If more than one training program is being considered complete this format for each program. Additional training program formats are provided after Section 9 (Applicant Certification).

**Career Training**

**Program Name:** \_\_\_\_\_

**Sector Served:** \_\_\_\_\_

**Program Category(ies):** \_\_\_\_\_

Benchmarks for Clients Served by Training Program:

Enrolled	Completion	Employed (Category 1b and 2)	Retained	Wage/Benefit Increase (Category 1)

**Summary:** Summarize the career training program, how it meets the need of the Sector, and the SNAP participants to be trained, and the intended outcome.

**Activities:** Describe the following training activities:

1. Utilizing the Accelerated and Enhanced Training Modules described in the RFA, explain the career training program design. Is a bridge program offered for this training program? Is the training provided internally or will training provider be utilized and who is the provider. There may be more than one training provider depended on the modules.
2. Describe the training materials and the relevance to the industry.
3. What is the structure of the training, is it classroom, vocational, does it include an OJT, apprenticeship, subsidized work experience etc. Where will the training take place?
4. What credential/certifications will be earned and what are the expected outcomes that result in long range benefits to the participant’s ability to access and advance in a career pathway.
5. Will other funding opportunities be leveraged to offer a blend of resources for efficiency and sustainability?

**Occupation Summary:** List the occupation, existing occupation wage rate, and average projected cost per participant required for each participant to complete the training program. (If more than one occupation is covered in this training program, specify by occupation):

Occupation	Existing Wage Rate	Average Cost per Participant

**JTED-SNAP Acceptance Requirements:** Provide the eligibility criteria requirements for SNAP registrants to be accepted into the the Community Based Organizations (CBO) Sector Training Program.

Academic Baseline	Minimum Level Required
(Example) Reading	6 <sup>th</sup> grade level
Physical Baseline	Minimum Level Required
(Example) Drug Test	Pass

**Implementation Plan:** Complete the implementation plan below taking into consideration it is dependent on the referral process. Complete the timeline plan for each relevant module. If the a module has open enrollment indicate so in the start date.

Does your program operate on open enrollment (Y/N):

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Cohort	Module 1 Bridge Program Basic Skills/ESL		Module 2 Integrated Adult Education and CTE		Module 3 Industry Recognized Credentials	
	Start	End	Start	End	Start	End
Cohort Number						

**Employer Partners and Placement:** Established employer partnerships are required to place SNAP participants in permanent self sufficiency career pathway positions and for subsidized work experience as provided for in this grant opportunity and identified in the RFA.

1. Describe your strategies for placing participants in appropriate employment. Be specific.




If services will be provided by a sub-contracted provider that is not established yet, how will the provider(s) be selected and what is your timeframe for the selection process?

**Supportive Services:**

- List what supportive services the agency has the capable to providing or coordinate for SNAP participants (for example childcare, transportation, housing, dependancies, clothing and/or uniform needs, mentoring, peer groups, counseling, etc.) and how these services will be funded. Identify social service organization that will partner to provide services and their role.

Supportive Service Provided	Funded by Agency, Partner, or Both	Name of Partnering Organization(s)	Role of Partnering Organization(s)
	N/A		

**6. Training Program Format**

Use the space below to describe the JTED-SNAP Training Program. If more than one training program is being considered complete this format for each program. Additional training program formats are provided after Section 9 (Applicant Certification).

**Career Training**

**Program Name:** \_\_\_\_\_

**Sector Served:** \_\_\_\_\_

**Program Category(ies):** \_\_\_\_\_

Benchmarks for Clients Served by Training Program:

Enrolled	Completion	Employed (Category 1b and 2)	Retained	Wage/Benefit Increase (Category 1)

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Occupation	Existing Wage Rate	Average Cost per Participant

**JTED-SNAP Acceptance Requirements:** Provide the eligibility criteria requirements for SNAP registrants to be accepted into the the Community Based Organizations (CBO) Sector Training Program.

Academic Baseline	Minimum Level Required
(Example) Reading	6 <sup>th</sup> grade level
Physical Baseline	Minimum Level Required
(Example) Drug Test	Pass

**Implementation Plan:** Complete the implementation plan below taking into consideration it is dependent on the referral process. Complete the timeline plan for each relevant module. If the a module has open enrollment indicate so in the start date.

Does your program operate on open enrollment (Y/N):

Is your program based on cohorts (Y/N):

Is it a combination of open enrollment and cohorts depending on the training module (Y/N):

Cohort	Module 1 Bridge Program Basic Skills/ESL		Module 2 Integrated Adult Education and CTE		Module 3 Industry Recognized Credentials	
	Start	End	Start	End	Start	End
Cohort Number						

**Employer Partners and Placement:** Established employer partnerships are required to place SNAP participants in permanent self sufficiency career pathway positions and for subsidized work experience as provided for in this grant opportunity and identified in the RFA.

1. Describe your strategies for placing participants in appropriate employment. Be specific.




If services will be provided by a sub-contracted provider that is not established yet, how will the provider(s) be selected and what is your timeframe for the selection process?

**Supportive Services:**

- List what supportive services the agency has the capable to providing or coordinate for SNAP participants (for example childcare, transportation, housing, dependancies, clothing and/or uniform needs, mentoring, peer groups, counseling, etc.) and how these services will be funded. Identify social service organization that will partner to provide services and their role.

Supportive Service Provided	Funded by Agency, Partner, or Both	Name of Partnering Organization(s)	Role of Partnering Organization(s)
	N/A		

**6. Training Program Format**

Use the space below to describe the JTED-SNAP Training Program. If more than one training program is being considered complete this format for each program. Additional training program formats are provided after Section 9 (Applicant Certification).

**Career Training**

**Program Name:** \_\_\_\_\_

**Sector Served:** \_\_\_\_\_

**Program Category(ies):** \_\_\_\_\_

Benchmarks for Clients Served by Training Program:

Enrolled	Completion	Employed (Category 1b and 2)	Retained	Wage/Benefit Increase (Category 1)

**Summary:** Summarize the career training program, how it meets the need of the Sector, and the SNAP participants to be trained, and the intended outcome.

**Activities:** Describe the following training activities:

1. Utilizing the Accelerated and Enhanced Training Modules described in the RFA, explain the career training program design. Is a bridge program offered for this training program? Is the training provided internally or will training provider be utilized and who is the provider. There may be more than one training provider depended on the modules.
2. Describe the training materials and the relevance to the industry.
3. What is the structure of the training, is it classroom, vocational, does it include an OJT, apprenticeship, subsidized work experience etc. Where will the training take place?
4. What credential/certifications will be earned and what are the expected outcomes that result in long range benefits to the participant’s ability to access and advance in a career pathway.
5. Will other funding opportunities be leveraged to offer a blend of resources for efficiency and sustainability?

**Occupation Summary:** List the occupation, existing occupation wage rate, and average projected cost per participant required for each participant to complete the training program. (If more than one occupation is covered in this training program, specify by occupation):

Occupation	Existing Wage Rate	Average Cost per Participant

**JTED-SNAP Acceptance Requirements:** Provide the eligibility criteria requirements for SNAP registrants to be accepted into the the Community Based Organizations (CBO) Sector Training Program.

Academic Baseline	Minimum Level Required
(Example) Reading	6 <sup>th</sup> grade level
Physical Baseline	Minimum Level Required
(Example) Drug Test	Pass

**Implementation Plan:** Complete the implementation plan below taking into consideration it is dependent on the referral process. Complete the timeline plan for each relevant module. If the a module has open enrollment indicate so in the start date.

Does your program operate on open enrollment (Y/N):

Is your program based on cohorts (Y/N):

Is it a combination of open enrollment and cohorts depending on the training module (Y/N):

Cohort	Module 1 Bridge Program Basic Skills/ESL		Module 2 Integrated Adult Education and CTE		Module 3 Industry Recognized Credentials	
	Start	End	Start	End	Start	End
Cohort Number						
				!!		

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Supportive Service Provided	Funded by Agency, Partner, or Both	Name of Partnering Organization(s)	Role of Partnering Organization(s)
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Use the space below to describe the JTED-SNAP Training Program. If more than one training program is being considered complete this format for each program. Additional training program formats are provided after Section 9 (Applicant Certification).

**Career Training**

**Program Name:** \_\_\_\_\_

**Sector Served:** \_\_\_\_\_

**Program Category(ies):** \_\_\_\_\_

Benchmarks for Clients Served by Training Program:

Enrolled	Completion	Employed (Category 1b and 2)	Retained	Wage/Benefit Increase (Category 1)

**Summary:** Summarize the career training program, how it meets the need of the Sector, and the SNAP participants to be trained, and the intended outcome.

**Activities:** Describe the following training activities:

1. Utilizing the Accelerated and Enhanced Training Modules described in the RFA, explain the career training program design. Is a bridge program offered for this training program? Is the training provided internally or will training provider be utilized and who is the provider. There may be more than one training provider depended on the modules.
2. Describe the training materials and the relevance to the industry.
3. What is the structure of the training, is it classroom, vocational, does it include an OJT, apprenticeship, subsidized work experience etc. Where will the training take place?
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Supportive Service Provided	Funded by Agency, Partner, or Both	Name of Partnering Organization(s)	Role of Partnering Organization(s)
	N/A		

# INSTRUCTIONS

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

## SECTION 1: APPLICANT INFORMATION - INSTRUCTIONS

- Question #1.1:** Provide the applicant's legal name which is reflected on its Federal W-9 form. If the applicant is a Limited Liability Company with a tax classification of "C" - the IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.
- Question #1.2:** Provide the applicant's business address, including the 9-digit zip code.
- Question #1.3:** Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.
- Question #1.4:** Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.
- Question #1.5:** Provide the applicant's North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com/index.html>.
- Question #1.6:** If applicable, provide the applicant's website address.
- Question #1.7:** Provide the applicant's Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a DCEO award.
- Question #1.8:** If the applicant is an individual with no FEIN, provide the applicant's Social Security Number (SSN). Do not provide a Social Security Number if you are also providing a FEIN for Question #7.
- Question #1.9:** A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant's DUNS number. If your business does not have a DUNS number, you may request one at: [http://www.dnb.com/us/duns\\_update/](http://www.dnb.com/us/duns_update/).
- Question #1.10:** Indicate the start date and end date of the applicant's fiscal year (accounting year) with month and day.
- Question #1.11:** Check the appropriate box if the applicant's business is a female or minority-owned business. A female or minority-owned business is defined as a business at least 51 percent owned and controlled by persons who are female or minority-owned. Minority is defined as the following race/ethnic groups: Black / African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. If minority-owned, then check the appropriate race/ethnic group box that applies.
- Question #1.12:** Indicate the number of people that you expect will be served by the grant by each race/ethnic group that is listed.

## SECTION 2: APPLICANT HISTORY - INSTRUCTIONS

- Question #2.1:** Complete this section with information on any grants received from the state of Illinois by the applicant within the last 3 years from the date of this application. Applicant must provide the information detailed below for each grant received. However, if applicant received more than 10 grants within the last 3 years the information below is only required for any grants that have or had programmatic and/or financial issues.

Agency:	List the name of the agency from which the grant was received.
Grant #:	List the number related to the grant.
Grant Amount:	List the total amount of the grant.
Grant Term:	List the term to include the beginning and end date of the grant.

General description of grant: Provide a brief description of the grant project.  
Issues: Provide a description of any financial or programmatic issues that were identified with this grant by either the grantor agency and/or grantee. State whether the issues are resolved or unresolved. If the issues are unresolved, state the reason why and provide a current status.

**Question #2.2:** If the applicant's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this application, this information must be provided in this section.

**Question #2.3:** Indicate which key staff positions have changed within the past twelve months from the date of this application. Provide additional documentation for the requested information for any vacancies, new hires, layoffs, and terminations. Also provide the same information for any changes relating to key staff positions that may become involved with the administration and/or management of potential grants.

**Question #2.4:** Indicate in the list provided the type of documentation that the applicant's organization will maintain to support and allocate staff costs to the DCEO grant. Any staff costs incurred need to be adequately supported to ensure appropriate allocation to the DCEO grant.

**Question #2.5:** Indicate whether a previous business existed for less than two years. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, provide name(s) of each business and reason(s) supporting why the business is no longer in existence. Be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.

**Question #2.6:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Question #2.7:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Question #2.8:** Indicate any debt owed to the state by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the state. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

## **SECTION 3: PROPOSAL INFORMATION - INSTRUCTIONS**

**Question #3.1:** Indicate the date on which the applicant is submitting this proposal.

**Question #3.2:** Provide a short title that accurately describes the proposal. The title should be limited to approximately 40 characters.

**Question #3.3:** Provide a brief description of the proposed project that summarizes the use of the grant award. The description should not exceed 550 characters. The brief project description should be consistent with the information provided in the attached Scope of Work. The description provided here may be used on DCEO's website.

**Question #3.4:** Complete this section with the address of the proposed project location.

**Question #3.5:** Identify the area(s) served if the project location serves more than one location or if it serves a geographical region. Identify these areas by cities, towns, villages, counties or other defined programmatic or geographical regions.

**Question #3.6:** Complete this section by providing the name, business address and other required business contact information of the individual that will serve as the primary project contact. This person will serve as DCEO's primary contact from application intake through closure of the grant, if awarded by DCEO. Please note that DCEO may publish copies of applications on its public website so it is preferable that you submit your business contact information. If the applicant does not have a business to use for contact information, then please provide personal information (home address, personal cell phone number, personal email address) as an attachment to the application.

**Question #3.7:** Indicate the projected project time period with a start and end date.

**Question #3.8:** Identify the funding sources for the proposed project. The applicant must identify the amount of funding the applicant is proposing to provide to the project, any secured funding from other sources, and the amount of funding being requested from DCEO. The total project cost should be the sum of all three sources of funds. The project costs in this section should be consistent with the information provided in the attached Budget.

## **SECTION 4: SCOPE OF WORK - INSTRUCTIONS**

- Provide the Project Title, it needs to be the same as or consistent with the title provided in the Proposal Information above.
- Provide a detailed description of the proposed project and the intended use of grant funds. Unlike Line 3 of the Proposal Information Section, the applicant is not restricted in their description of the proposed project. The information provided in this description will assist DCEO in developing the Scope of Work for the grant agreement if the grant is awarded. It will also facilitate the periodic reporting that will be required to update DCEO on the status of the project's major milestones if the grant is awarded.
- Briefly describe each task in the Description of Tasks column. These tasks will be used to develop the grant agreement. The applicant should assign an estimated completion date for each task. If a grant is awarded, the applicant will have the opportunity to modify these dates prior to the execution of the grant.

## **SECTION 5: PERFORMANCE MEASURES - INSTRUCTIONS**

- If the applicant is aware of any performance measures required by the program, the measure(s) should be listed in this section. If known, the applicant should provide the target numbers for each measure.

## **SECTION 6A: CURRENT EMPLOYMENT LEVEL - INSTRUCTIONS**

- Provide the number of full time and part time individuals, respectively, employed by the applicant. Please see definitions of Employee, Permanent, Full-Time, and Part-time in the Key Definitions in Section 6B below.

## **SECTION 6B: PROJECTED EMPLOYMENT IMPACT - INSTRUCTIONS**

### **1. Purpose of the FTE Value Table**

DCEO uses [Section 6. Projected Employment Impact](#) of the standard grant application form to document the estimated economic benefits of a proposed grant project based on the projected employment impact. The FTE (Full Time Equivalent) Value Table in Section 6 standardizes the DCEO process for collecting and reporting job count data for projected (estimated) jobs at the grant level. This promotes consistency and integrity in the reporting of DCEO job count statistics.

Section 6 of the application form requires applicant organizations to provide projected jobs data that estimates a grant's impact on employment levels, in the following manner:

- a) identify the estimated number of projected positions to be created and/or retained,
- b) assign each projected position to one of four Full Time Equivalent (FTE) categories, and
- c) complete an average annualized wage calculation for permanent full time positions for both jobs created and jobs retained.

For DCEO purposes, an FTE is a measurement unit for assigning a numerical value to an individual employment position (both projected and/or certified jobs; both created and/or retained jobs). For example, while DCEO assigns an FTE value of 1.0 to a permanent full time position, other categories of positions that are estimated to involve a fewer number of hours to be worked over the course of a year will be assigned a lower FTE value of either .5 or .25. DCEO uses this approach so that a job count that includes various categories of jobs is more accurate and is not inflated or overstated.

Applicants should be realistic when estimating the number of projected FTEs that may result directly from a grant. For example, when projecting FTEs, the applicant must consider that if approved for funding the grantee will be required at a later date to certify FTE data for all created and retained positions, using the DCEO Job Count FTE Certification Form. Please remember that the FTE count includes only positions that are a direct result of a DCEO grant, meaning the positions would not be created or retained **but for** the DCEO grant provided.

## 2. Forms and/or Data Needed to Complete this Table

The applicant must identify the total estimated number of projected positions that will be a direct result of the DCEO grant during the term of the grant. Within this total number, the applicant must identify the estimated number of *created* positions. Within the number of created positions, the applicant must identify the FTE category (ies) that the positions most closely match. Also, within the total number of projected positions, the applicant must identify the estimated number of *retained* positions. Within the number of retained positions, the applicant must identify the FTE category (ies) that the positions most closely match. These estimated position numbers for projected positions must be then entered into the FTE Value Table, per the specific instructions, below.

## 3. Specific Instructions for Entering Data into the FTE Value Table

The FTE Value Table produces job count data for projected positions that includes: created FTEs, retained FTEs, number of permanent full time FTEs for jobs created, number of permanent full time FTEs for jobs retained, an average of the annualized salaries of permanent full time FTEs for jobs created, an average of the annualized salaries of permanent full time FTEs for jobs retained, and other related employment impacts.

The FTE Value Table was designed in Word format. An applicant is required to enter data in the cells in Row 1, Row 7 and Row 8, only (note that Row 8 is optional). However, the Table will perform automatic calculations for Rows 2 through 6. Therefore, **do not attempt to enter or edit data in Rows 2 through 6.**

To enter data into the form, place the cursor in the blue box within the cell and enter the relevant number key(s) -- **do not use the Enter key.** To move from one cell to another in the Table, use the keyboard's Tab key or the right or left arrow keys.

**Row 1: Number of positions in defined FTE category:** The applicant must assign the estimated number of projected positions to each of the optional FTE categories. For example, applicants must assign the estimated number of projected positions to be *created* into the proper FTE category (Columns A, B, C or D) in the Created Position Box. Likewise, the applicant must assign the estimated number of projected positions to be *retained* into the proper FTE category (Columns E, F, G, or H) in the Retained Position Box. Note that a count of an individual projected position must be placed into either the Created Position box, or the Retained Position box -- an individual FTE position count cannot be placed in *both* boxes. If no jobs are projected in an FTE category, the applicant should place a zero (0) in that cell.

For each projected position, select the FTE category closest to the expectations for the position:

- **Permanent Full Time Position:** approximately 52 weeks/year X 40 hrs. per week = 2,080 hrs.
- **Permanent Part Time Position:** approximately 52 weeks/year X 20 hrs. per week = 1,040 hrs.
- **Temporary Full Time Position:** approximately 26 weeks/year X 40 hrs. per week = 1,040 hrs.
- **Temporary Part Time Position\*:** approximately 26 weeks/year X 20 hrs. per week = 520 hrs.

\*Only include Temporary Part Time Positions that have a minimum of 200 hours of work expected for the position.

### **Key Definitions**

**Employee:** An individual that agrees to participate in an employer/employee business relationship and provide services for the employer in return for a defined salary or wage. Contingency workers, or workers on contract status with the grantee, may also be included in a grantee's FTE count, if the grantee can certify the FTE data for these positions, as required on the Job Count FTE Certification Form. The site of employment must be located in the state of Illinois.

**Projected Job:** A planned or forecasted position to be filled at a future point in time, during the term of the grant agreement, as a direct result of a DCEO grant.

**Certified Job:** A position that was proven to be created or retained and was a direct result of a DCEO grant; the position must be confirmed by the employer and certified by the DCEO grantee on the Job Count FTE Certification Form by identifying: the name of the employer, the position title, either the name of the employee or a payroll identification number, the start date of the position, the annualized salary or wage rate, and the FTE category designation.

**Created Job:** A new position, not in existence prior to the DCEO grant, to be developed and filled, or an existing unfilled position to be filled; the position could not be filled **but for** the DCEO grant provided.

**Retained job:** An existing position projected to be maintained that otherwise would be eliminated by the grantee **but for** the DCEO grant provided. **Note: a job previously reported as retained during the course of a previous DCEO grant cannot be projected again as retained in the current DCEO grant application if the end date of the previous DCEO grant is less than 24 months prior to the current application date. However, a job reported as retained during the course of a previous DCEO grant can be reported as retained in the current DCEO grant application, if the end date of the previous DCEO grant occurred more than 24 months prior to the date of the current DCEO application.**

**FTE Category Definitions for Reported Positions:** Applicants must use the definitions below to understand the typical differences in positions, including: a) the level of anticipated permanency -- an estimated *time duration* for the position category, and b) the degree of full time status -- the estimated average amount of *work hours* expected in a standard work week for the position category, in the respective organization or industry.

Permanent: A position that is typically intended to last indefinitely in duration and does not have a finite ending date; for DCEO purposes, a position with an estimated duration of at least 12 months.

Temporary: A position that is typically short-term in duration and will last only for a specified period of time; for DCEO purposes, a position with an estimated average duration of significantly less than 12 months (example: a seasonal job).

Full time: A position typically expected to work the full number of hours in a standard work week, as defined by the employer or industry; for DCEO purposes, a full time position typically involves approximately 40 hours per week.

Part time: A position typically expected to work significantly fewer hours per week than the hours required in a full time position; for example, 20 hours per week could be a typical part time work schedule.

**Row 2: Automatic Calculation of FTE Subtotals:** The Table automatically calculates these values based on the numbers entered above, **so do not attempt to edit the cells in this row.** The Table will automatically convert projected position counts into an FTE count according to the type of position. For example, the Table assigns a value of 1.0 to each permanent full time position that is expected to offer approximately 2,080 hours of work per year. However, for the other three categories that typically do not involve permanent work hours of a standard 2,080 hour work year, the table will assign a value for each projected position that is a lesser pro-rated portion, or fraction, of an FTE (example: the Table assigns a .5 value for each Permanent Part time, and Temporary Full time position; while assigning a value of .25 for each Temporary Part time position).

**Rows 3 - 6: Automatic calculations for FTEs created, FTEs retained, permanent full time jobs created, and permanent full time jobs retained:** The Table automatically calculates these values based on the numbers entered above, **so do not attempt to edit the cells in these rows.**

**Row 7-8: Average Annualized Salaries for Permanent Full Time Jobs Created and Permanent Full Time Jobs Retained:** The applicant must complete a manual calculation for rows 7 and 8, and place the calculated value(s) into the Table. The average annualized wage or salary amount must be calculated by adding the estimated annualized wages for all positions reported to yield a total salary amount, and then dividing the total salary amount by the number of estimated positions (not the number of FTEs). Average wages for created jobs and retained jobs should be calculated separately. Wages for part time or temporary jobs should be disregarded for purposes of this calculation. For this calculation, all hourly wage values for full time jobs must be converted to an annualized value (for example, multiply the hourly wage by the estimated number of hours per week, multiplied by 52 weeks in a year).

Example: The applicant plans to create 10 new positions as a direct result of the DCEO grant. Five positions will be paid salaries of \$20,000 annually, while the other five will be paid salaries of \$40,000 annually. The total salary amount is \$300,000

(5 X \$20,000 + 5 X \$40,000). The number of positions is 10. Thus, to calculate the average salary, divide \$300,000 by 10, yielding the average salary amount of \$30,000.

**Row 9: Other Employment Impacts:** This is an optional text field where you can identify other significant employment impacts that are not reported as an FTE value. These impacts may include a positive impact on non-certified jobs, or other positive economic impacts with the applicant organization or elsewhere in the Illinois economy. This area can also be used to identify the number of Temporary Part time Positions that do not meet the minimum requirement of 200 hours of work per position.

## **SECTION 6C: PROJECTED CONSTRUCTION JOBS IMPACT- INSTRUCTIONS**

- Provide the number of projected hours of construction labor that will result if the project is funded by the DCEO grant. Include all construction jobs for the entire project even if the DCEO grant leverages or is combined with other funding needed for the project.
- Provide the number of projected construction FTE's for the project. This number is calculated by taking the total number of construction labor hours divided by 2,080.

## **SECTION 7: BUDGET - INSTRUCTIONS**

- This section will be used to establish the cost categories of the grant agreement. List each budget line item for which the grant funds are proposed to be expended.
- Indicate the requested grant amount for each budget line item.
- Provide the proposed match amount for each budget line item.
- Provide the total of each column.

## **SECTION 8: PROGRAM SPECIFIC INFORMATION - INSTRUCTIONS**

Reference the Illinois JTED-SNAP Pilot Project Request for Application for program design and requirements.

## **SECTION 9: APPLICANT CERTIFICATION - INSTRUCTIONS**

The applicant should read and understand the certification statement provided in this section. The individual that signs this section should be the individual that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name; print their name and title and date of certification. Please note the certification authorizes DCEO to publish a copy of the completed application on DCEO's website.

## **SUBMISSION OF APPLICATION**

Program staff should insert instructions for application submission.

## **IDENTITY PROTECTION ACT (5 ILCS/179) PERSONAL INFORMATION PROTECTION ACT (815 ILCS 530)**

The Department of Commerce and Economic Opportunity (DCEO) is committed to protecting the privacy of its vendors, grantees and beneficiaries of programs and services. At times, DCEO will request social security numbers (SSNs) or other personal identifying information. Federal and state laws, rules and regulations require the collection of this information for

certain purposes relating to employment and/or payments for goods and services, including, but not limited to, grants. DCEO also collects confidential information for oversight and monitoring purposes.

Furnishing personal identity information, such as a social security number, is voluntary; however, failure to provide required personal identity information may prevent an individual or organization from using the services/benefits provided by DCEO as a result of state or federal laws, rules and regulations.

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