**Department of Workforce Development**

**Pre-award Risk Assessment**

This form must be completed and submitted with the grant application. DWD will use responses to assess the applicant organization's ability to successfully and appropriately manage grant funds. If a grant is awarded, DWD may implement measures to ensure the integrity of grant funds (for example, establishing additional contractual provisions and monitoring procedures) based on the responses provided.

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| Legal Business Name: |  |
| FEIN: |  |

**Organization Background**

1. In what year was your organization established? What is your organization's primary product or service?

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1. Please provide ownership details. For privately held companies, list the names of all owners with ownership greater than 5%. For publicly traded companies, list the names of all shareholders with ownership interest more than 20%. If not applicable, enter "None."

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1. List the names of parent, subsidiary, or other organizations which share common ownership (i.e., more than 50% ownership interest) with your organization. If not applicable, enter "None."

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1. List the names of the members of your organization's governing board. If not applicable, enter "None."

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1. Explain if your organization is undergoing a merger or acquisition with another company, or if you anticipate doing so within the next 12 months. If not applicable, enter "None."

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1. List the name(s) and position(s)/title(s) of any key or senior management member(s) of your organization that are Public Officials. If not applicable, enter "None."

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1. Explain the nature of any significant changes in ownership, key personnel, or contracted accounting provider in the last two years (e.g. Controller, Executive Director, Accounting Manager, Program Manager, etc.). If not applicable, enter "None."

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1. Provide the website address for your organization. If not applicable, enter "None."

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**Financial Capacity**

1. Describe any significant changes in accounting systems and practices at your organization occurring in the last year. If not applicable, enter "None."

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1. Describe the circumstances if your organization, or any owner, subsidiary, or affiliate have been involved in bankruptcy or insolvency proceedings, or face any pending proceedings. If not applicable, enter "None."

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1. Can your accounting system do the following? Yes No

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| Differentiate grant revenues and expenditures from other transactions |  |  |
| Record revenues and expenditures by specific budget cost categories (such as those included in your WFF approved budget) |  |  |
| Report time and effort for employees who charge to grants/cost centers (if applicable) |  |  |
| Assign costs between reimbursement and match expenditures |  |  |

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| 1. Has the applicant organization received state or federal grants? | Yes |  | No |  |

**Grant Administration**

If so, please disclose the names and details of the three most recent state or federal grants.

1. GRANT 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

1. GRANT 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

1. GRANT 3

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| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

**Legal and Regulatory Compliance**

1. If you, any key employee, or senior management member of your organization has ever been charged with or convicted of a felony, or any other state or federal crime(s) involving fraud or misconduct, please list name(s) and charges. If not applicable, enter "None."

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1. Describe any outstanding or concluded litigation, civil, criminal, or administrative proceedings to which your organization is, or was, a party during the last seven years. If not applicable, enter "None" in each column.

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| --- | --- | --- | --- | --- | --- |
| Parties | Nature of Claim | Case Number | Date and Method Commenced | Amount of Damages Sought/Paid | Disposition |
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1. Disclose any pending, threatened, or concluded governmental violations, investigations, proceedings, and/or arbitrations, occurring during the last five years that involve your organization, any officer, or director acting in their capacity on behalf of your organization. If not applicable, enter "None."

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1. Describe the circumstances if your organization has any compliance issues related to payment of federal and/or state taxes. If not applicable, enter "None."

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1. Please review and certify that you are familiar with the grant administrative requirements included at <http://wisconsinfastforward.com/pdf/eligibility_requirement_guidelines.pdf>

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|  | I certify that I have read and understand the grant administrative requirements. |

**Department of Workforce Development**

**Due Diligence Checklist**

All Applicants are required to complete the Risk Assessment Form and Due Diligence checklist. Applicants are strongly encouraged to verify that there are no unresolved issues in these areas prior to submitting the application. Applicant may be automatically disqualified and will not be scored if any of the statements below apply to the Applicant:

Yes No

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| --- | --- | --- |
| Within the last 24 months, the Applicant has been required to provide a Worker Adjustment and Retraining Notification (WARN) notice under 29 U.S.C. § 2101 et seq., or a Wisconsin's Business Closing and Mass Layoff Law, Wis. Stat. § 109.07, listed on the Layoff Notices found here: <https://dwd.wisconsin.gov/dislocatedworker/warn/> |  |  |
| The Applicant has been found to violate the Unemployment Compensation laws, Wis. Stat. Ch. 108, within the last 24 months. |  |  |
| The Applicant has been found to violate the Worker's Compensation Act, Wis. Stat. ch. 102, within the last 24 months. |  |  |
| The Applicant is on the Wisconsin Department of Administration's list of vendors that are not in compliance with Wis. Stat. § 77.66, found at [http://vendornet.state.wi.us/vendornet/wocc/CertList.pdf](http://vendornet.state.wi.us/vendornet/wocc/CertList.pdfa), and has not come into compliance since the last posting date of the list. |  |  |
| If the Applicant is a Wisconsin corporation, it is not registered or is not in good standing with Wisconsin DFI, as listed here: <https://www.wdfi.org/apps/CorpSearch/Search.aspx> |  |  |
| Within the last 24 months, the Applicant has been found to have violated the Wisconsin Fair Employment Act, Wis. Stat. § 111.31 et seq., or employment laws under Wis. Stat. ch. 103. |  |  |
| The Applicant is listed as ineligible on the Department of Administration's Office of Contract Compliance Vendor Directory, found here: <https://vendornet.wi.gov/Procurement.aspx> |  |  |
| The Applicant is listed as a delinquent taxpayer with the Wisconsin Department of Revenue found here: <https://www.revenue.wi.gov/Pages/Delqlist/DelqSearch.aspx> |  |  |
| The Applicant been in operation less than 24 months |  |  |

If the Applicant answered "yes" to any of the above, please provide a detailed explanation of the reasons why the answer is not "no."

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**Department of Workforce Development Grant Application**

**Workforce Equity Grants**

**Instructions:** To apply for a Workforce Equity Grant, complete this application. Text entry blocks will stretch to fit text entered. If needed, attach extra pages. To submit the completed application, attach it and all required/supporting documents to an email that is addressed to[workforcequitygrant@dwd.wisconsin.gov](mailto:workforcequitygrant@dwd.wisconsin.gov) Application packages must be emailed to DWD by Monday, October 4, 2021 at 3 p.m. CST. Incomplete or late applications will not be accepted.

**PROJECT OVERVIEW**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: |  | | | | | | | | | | | |
| Project Name: |  | | | | | | | | | | | |
| Training Occupations/  Occupational Areas: |  | | | | | | | | | | | |
| Brief Project Description: |  | | | | | | | | | | | |
| Project Start Date: |  | | | | | Project End Date: | | |  | | | |
| Trainee Count: | Currently Employed: | |  | | + New Employees: | | |  | | = Total Trainees: | |  |
| Total Project Cost: | $ | Cost/Trainee: | | $ | | | Requested Grant Amount: | | | | $ | |

**Project Director**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Title: |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | | | State: |  | ZIP: |  |
| Phone: |  | Email: |  | | | | |

**Fiscal Agent** (if different from Project Director)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Title: |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | | | State: |  | ZIP: |  |
| Phone: |  | Email: |  | | | | |

**Organization** *Provide a brief summary of organizational operations and history.*

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**BUDGET**

*Enter dollar amounts for Budget Activity, Match, and Totals for each budget line.*

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| --- | --- | --- | --- | --- |
|  | **Budget Line Items** | **Requested Funds** | **Match** | **Total** |
| 1 | Curriculum Development | $0.00 | $0.00 | $0.00 |
| 2 | Instruction | $0.00 | $0.00 | $0.00 |
| 3 | Instructional Materials | $0.00 | $0.00 | $0.00 |
| 4 | Supplies and Operating Expenses | $0.00 | $0.00 | $0.00 |
| 5 | Contractual Expenses | $0.00 | $0.00 | $0.00 |
| 6 | Trainee Wages |  | $0.00 | $0.00 |
| 7 | Trainee Stipend | $0.00 | $0.00 | $0.00 |
| 8 | Other\* | $0.00 | $0.00 | $0.00 |
| 9 | Administration (capped at 5% of total fund request) | $0.00 | $0.00 | $0.00 |
|  | Total | $0.00 | $0.00 | $0.00 |

\*"Other" may include trainee recruitment, trainee job placement, post-training support services, and/or case management

**BUDGET DETAIL**

*Provide a detailed breakdown of project costs and describe the expenses included in each Budget Line Item.*

**1 Curriculum Development**

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**2 Instruction**

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**3 Instructional Materials**

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**4 Supplies and Operating Expenses**

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**5 Contractual Expenses**

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**6 Trainee Wages**

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**7 Trainee Stipend** A fixed amount paid to Trainees that is intended to offset the cost of incidental training expenses.

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**8 Other** Provide detailed description of expenses that do not fit into provided Budget Line Items categories.

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**9 Administration** Note: May not exceed 5% of total funding request.

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**Miscellaneous Budget Comments** Offer detail to help evaluators better understand proposed budget.

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**PROPOSAL**

**Project Needs Statement** *Describe the project in detail, including identified training needs, number of employees to be trained, coursework, industry or national standard certifications trainees will receive, pre- and post-training wages, and training provider(s). Describe trainee recruitment, evaluation, and placement plans, as well as any partnerships formed to ensure successful outcomes.*

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**Economic Impact Statement** Describe how the trainings will result in new positions and define the expected economic benefits for employees, the community, and the surrounding region.

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**Eligibility** How will you identify eligible trainees? How will new and current employees be recruited for the training?

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**Assessment** Describe performance indicators that you will use to measure progress toward training goals and competencies.

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**Program Monitoring** Provide a timeline with expected progress and achievement of progress toward program objectives.

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**Training and Education Capacity Building** Describe how the project will result in new strategies or pathways for future training and how the training program and any educational partnerships will be sustained beyond the grant period.

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**CURRICULUM STATEMENT**

**IMPORTANT:** A Curriculum Statement is required for **each** distinct, proposed training curriculum or course in the project (e.g., if the project offers **four different courses**, create **four Curriculum Statements**). To insert additional Curriculum Statements, select this entire page, copy, and paste after this page.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposed Training Provider: | |  | | | | | | | | | | |
| Course Title or Training Topic: | |  | | | | | | | | | | |
| Course Hours per Trainee: | | Count of Trainees: | |  | | × # of Hours: | |  | | = Total Hours | |  |
| Course Status (enter X): | | Customized: |  | | New: | |  | | Existing: | |  | |
| Course Certification(s): |  | | | | | | | | | | | |

**Trainee Occupations** (enter O\*NET Occupation names of Trainee positions): [O\*NET Occupations](https://www.onetonline.org/find/)

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**Curriculum Explanation:**

For the course or training topic listed above, provide the following information: the number of hours per week the trainees will spend in training, the provider of the training, and how each component of the training program relates to resolving the critical workforce training issue described in the Problem/Need Statement.

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**LETTERS OF COMMITMENT AND SUPPORT**

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| Attach to the application letters of intent to participate or to provide program support as follows:   * **Employers' Letters of Commitment to Hire:** Letters of Commitmentto hire trainees from the proposed training program are required from each participating Employer Placement Partner. The letter must clearly indicate the count of successful trainees to be hired and/or receive a wage increase. The letter should also include the employer's commitment to participate in the planning and implementation of the training program and to share trainee placement data with the grantee and OSD. Letters of commitment must be on company letterhead and must be signed. * **Partner Letters of Commitment or Support:** Applicant must include attestation on organization letterhead regarding applicant partnership expectations and any other elements that inform the application. | |
| **CERTIFICATION:** It is understood and agreed by the undersigned that: | | |
| 1 | By submitting this application, I certify to the best of my knowledge and belief, the information submitted is true and correct. | |
| 2 | The application proposal will form the basis for any grant awarded and be incorporated by reference into a grant contract with DWD. | |
| 3 | By submitting this application, I certify that the Applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors. | |
| 4 | By submitting this application, I certify that the Applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions or inadequate capital to complete the project. | |
| 5 | The Applicant understands this application and other materials submitted to DWD may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. seq. | |
| 6 | The Applicant understands that submitting false or misleading information in connection with his/her application may result in the Applicant being found ineligible for grant assistance through the WFF program and, if the grant is awarded to the Applicant, may be a basis to terminate the grant. | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | Initials: |  |
| Title: |  | | | Date Signed: |  | | |
| Phone: |  | Email: |  | | | | |