

2020 Vermont Internship Program Application

The Vermont Internship Program, funded by VDOL, promotes internships by providing grants to organizations who support or connect Vermont employers with student-interns from regional technical centers or postsecondary educational institutions.

Section 1. Basic Information

1. Legal Name and Address of Applicant Organization:
2. Legal Name and Address of Fiscal Agent (if different):
3. Principal Place of Business:
4. Name, Title and email of Person Authorized to Sign the Grant Agreement:¹
5. Applicant Employer Identification Number (EIN) and Data Universal Numbering System (DUNS):
6. Application Contact Person (Name, Title, Phone, E-mail):
7. Applicant Organization's fiscal year ends on:
8. Applicant Organization (*has/does not have*) a recent record of financial accountability supported by an independent auditor's statement.
9. Applicant Organization (*had/has not had*) an A-133 audit. (An A-133 audit is a federal audit that would be required if the entity has expended \$750,000 or more in federal funds over the entity's past fiscal year.)
10. If the Applicant Organization has had an A-133 audit, the date of last audit is:

¹ Must be available to e-sign grant on December 20, 2019 in order for grant to begin January 1.

Section 2. Project Narrative

Please address the following components in narrative form. Narrative should not exceed 5 pages.

- A. Overview of Internship Project proposal
- B. The scope of internship opportunities targeted (e.g. sector, geography, type, etc.)
- C. The expected number of interns and employers served
- D. The process for recruiting and matching interns
- E. Access to additional supports for interns, including mentoring, stipends, support services, career counseling, occupation-related instruction; if applicable
- F. What assistance in locating post-internship employment opportunities in Vermont within the industry sector of their internship will be provided.
- G. How employers will be encouraged to support internship opportunities that could lead to near-term or existing opportunities for employment with their business or similar businesses within the state.

Section. 3 Budget Form:

Indicate the anticipated spending of the award by grant category below.

1. Personnel	\$0.00
2. Fringe Benefits (Rate %)	0.00
3. Travel	0.00
4. Supplies	0.00
5. Contractual ²	0.00
6. Other	0.00
7. Total, Direct Cost (Lines 1 through 7)	0.00
8. Indirect Cost ³ (X% of salary and fringe)	0.00
9. TOTAL Funds Requested (Lines 8 through 9)	\$0.00

² All contracts of \$10,000 or more must be approved by VDOL's Workforce Development Director prior to execution

³ Only organizations with a Federally approved indirect cost rate may include this charge. VDOL will require a copy of the approved plan prior to grant execution.

Section. 3 Budget Narrative:

Describe how funds will be used. For example, describe the title and role of personnel, the types and purpose of travel, the types and purpose of supplies, the activities that will be contracted, etc. Descriptions may be brief.

Personal & Fringe Benefit

Amount:

Description (titles, time, duties, etc.):

Travel

Amount:

Description (type, frequency, method of payment, etc.):

Supplies

Amount:

Description:

Contractual

Amount:

Description (entity, work to be performed, etc.):

Other

Amount:

Description

Indirect

Amount:

Section 4.

Include any additional information that is relevant to the review & selection process.

Please e-mail the completed application and relevant attachments to
Labor.grants@vermont.gov