STATE OF VERMONT

Department of Labor

Workforce Development Division

Work Based Learning and Training Grant Application

**GRANT APPLICATION**

Please type your answers directly into this Word Document and submit as .docx. Application materials submitted in any other format may not be accepted.

*Please title it [Grantee Name Work Based Learning and Training Grant] and send to* *labor.grants@vermont.gov**. Please send all attachments and application materials in one email. For more general information please refer to the granting plan and FAQ published at* [*Work Based Learning & Training Grant | Department of Labor (vermont.gov)*](https://labor.vermont.gov/grants/work-based-learning-and-training)*. Any questions should be directed to* *labor.grants@vermont.gov**.* ***This application is due no later than 5:00pm FEBRUARY 29, 2024.***

**SEC 1: BASIC INFORMATION**

If your application is selected for funding, the following information will be used to compile the grant agreement between your organization and VDOL. Please ensure that the information you provide is accurate.

**1. Legal Name of Applicant Organization** (*If another organization would serve as your fiscal agent for this grant, please use their legal name).*

**2. Legal Address of Applicant Organization.**

**3. First & Last Name, Email, and Title of Individual Authorized to Sign on Behalf of Grantee.** (*This email address will be the way that grant documents will be routed for official signatures via an online electronic signature platform, DocuSign.)*

**4. Applicant Employer Identification Number (EIN).**

1. **First and Last Name, Email, and Title of Contact Person for this Application and Implementation of the Program (if different from Authorized Signor).**

**ATTACHMENT A**

**Due to the anticipated high volume of applications, the grant submission must adhere to a 10-page limit, ensuring concise and focused proposal content from the applicant and timely review by the WFD review committee. Please note that Attachments B, D, and E do not count towards this page limit.**

**PROJECT NARRATIVE**

Please address the following components in paragraph form (you do not need to address each bullet point in its current format). Please keep answers concise. The information you provide in this section will become your scope of work, if awarded the grant.

**A. Overview of Project.** Please be sure this section addresses the following:

* Proposal: Describe how the grantee plans to create or expand paid Work Based Learning and Training programs or opportunities.
* Specify if the programs are targeted at the secondary (high school) or postsecondary level, only if the intern is enrolled in a career or technical education program.
* Clearly state the specific work that will be performed using the grant funds.
* If there are any deliverables beyond the placement or payment of interns, provide a description of those deliverables.
* Indicate who will be responsible for carrying out the work funded by this grant.
* Timeline: Provide the expected timeline for completing the work outlined in the grant.
* Explain how both the Vermont Department of Labor (VDOL) and the grantee will determine when the work of the grant is completed.
* State the anticipated number of interns the applicant plans to hire and for how long (refer to Section F. Projected Placements for more details).
* Specify the rate and total pay for each intern.
* Outline the applicant's plan for recruiting interns.
* Indicate whether the applicant anticipates hiring any interns full or part-time after the conclusion of the grant period, subject to intern success.
* Provide information on any current or past internship programs conducted by the applicant.

**B. Work Based Learning and Training Structure:**

* Specify whether Work Based Learning and Training will be paid for by the grantee using grant funds.
* Provide the estimated rate of pay for interns during the Work Based Learning and Training period.
* Indicate whether employers will contribute to interns' salary or benefits during the program.
* Explain if any additional financial supports, such as transportation or stipends, will be provided to interns.
* Describe the process for recruiting and selecting interns, including any specific criteria or requirements.
* Explain how interns will be onboarded and supported throughout the program, including mentoring opportunities.
* Specify the expected duration of the Work Based Learning and Training period.
* Discuss the possibility of employment offers by employers at the conclusion of the program.

**C. Work-Based Learning and Training.**

* Describe how the Work Based Learning and Training opportunities funded by the grant will help participants acquire occupation-specific or transferable skills.
* Highlight the level of employer involvement in the development and support of industry or job-specific training during the Work Based Learning and Training experience.

**D. Equity, Diversity, and Inclusion.** Outline any specific efforts or initiatives aimed at promoting and supporting equity, diversity, and inclusion in the recruitment, selection, and employment of interns under the grant.

**E. Additional Information.** You may use this section to include other relevant information about the proposal that you feel would be valuable for the reviewers to know.

**F. Projected Placements.** Please indicate how many interns and employers will be supported with this grant using the form below.There may be overlap through quarters. The total should reflect an unduplicated count.If the grantee is serving multiple employers, please report how many interns you anticipate placing and how many employers interns will be placed with.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Q1 (July – Sept) | Q2 (Oct –Dec) | Q3 (Jan – March) | Q4 (April – June) | **TOTAL** |
| **Interns Enrolled** |  |  | **N/A** |  |  |

**ATTACHMENT B**

**BUDGET INFORMATION**

Record funds requested for the initial period of performance. TOTAL should not exceed $75,000.

 Budget Category Grant Request Amount

|  |  |
| --- | --- |
| 1. Personnel |  |
| 2. Fringe Benefits  |  |
| 3. Travel |  |
| 4. Supplies |  |
| 5. Contractual |  |
| 6. Other **(Includes payment to interns)** |  |
| 7. Total, Direct Cost(Lines 1 through 6) |  |
| 8. Indirect Cost  |  |
| 9. TOTAL Funds Requested (Lines 7 and 8) |  |

**ATTACHMENT C**

**BUDGET NARRATIVE**

Describe how funds will be used. Descriptions may be brief but require sufficient detail so that fiscal and program staff can match reimbursement request documentation to what is noted below. **To best serve the goals of this grant program, 80% of the grant funds must be used to pay interns.** The remaining 20% of awarded funds may be used throughout other categories but should remain in focus of continuing and bettering the intern experience and the work-based learning and training program.

**Personnel**  Amount =

Salary costs for individuals employed by grantee. Does not include wages for interns. *List all staff positions by title including the roles and responsibilities. State the annual salary of each person, the percentage of each person’s time devoted to the project, the amount of each person’s salary funded by the grant and the total personnel cost for the period of performance.*

Description:

**Fringe Benefits** Amount =

Fringe Benefit costs for individuals included in Personnel cost above. *Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, FICA, retirement, etc. If fringe costs are calculated as a percentage of personnel costs, please note the percentage used in addition to the dollar amount.*

Description:

**Travel**  Amount =

Costs can be for grantee’s employees or for travel provided directly by grantee to participants. Travel stipends should be listed under “Other.” *Specify the purpose, number of staff traveling, mileage, per diem, estimated number of in-state and out-of-state trips and other costs for each type of travel.*

Description:

**Supplies**  Amount =

Supplies include all tangible personal property, including technology. *The detailed budget should identify categories of supplies (e.g., office supplies). List the quantity and unit cost and total cost per item. No item may exceed $5,000 in value.*

Description:

**Contractual**  Amount =

Goods or services procured by contract. *For each proposed contract and subaward, specify the purpose, activities, and estimated cost. Contracts are a legal instrument by which the grantee purchases tangible goods or services needed to carry out the project or program. No contract may exceed $5,000 and all contracts must include Attachment A from the grant agreement and must be approved by the Workforce Development Director before execution.*

Description:

**Other** Amount =

Costs that are not covered in other categories. **This category includes intern pay and stipends. Intern pay must account for 80% of awarded grant funds.**  *List each item in sufficient detail for DOL to determine whether the costs are reasonable or allowable. List item, such as stipends or incentives, not covered elsewhere.*

Description:

**Indirect\*** Amount =

Costs that are not directly allocated. *VDOL prefers that grantees allocate all costs directly. When that isn’t possible, grantees are permitted to account for indirect costs, provided that they submit a currently approved indirect cost rate agreement issued by the federal government or the state of Vermont. The Department of Labor does not approve or issue these agreements directly. A copy of this agreement must be submitted with the application as Attachment D.*

Description:

 **TOTAL** =

\* Grantees may only receive payments for indirect costs if they have a federal or state approved indirect cost agreement.

**ATTACHMENT D**

**AUTHORIZED GRANT SIGNATORIES**

THIS FORM MAY BE SUBMITTED AS A PDF

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

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

**NAME(S), TITLE(S) AND SIGNATURE OF PERSON(S) AUTHORIZED TO:**

**(A) Sign Grant Documents and this Form**

NAME: TITLE:

SIGNATURE: E-MAIL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(B) Sign Checks**

NAME: TITLE:

SIGNATURE: E-MAIL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(C) Sign Cash Requests**

NAME: TITLE:

SIGNATURE: E-MAIL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(D) Sign Quarterly Financial Statements**

NAME: TITLE:

SIGNATURE: E-MAIL:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification By Person Listed In (A) Above:** I certify that the individuals named above are authorized according to federal and state law and grantee organization to perform the stated functions.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

**Instructions for the Authorization and Certification Form**

*This form may be e-signed or signed manually. Please include the signed form with your application. This form may be submitted as a PDF.*

**Explanation of Authorization Status:**

(A) Sign the Grant and this form: Must be an authorized signor of the organization. Must also

sign the final closeout forms.

(B) Sign Checks: Must be authorized to sign checks and disburse the funds on behalf of the organization.

**NOTE: The person authorized to sign checks may not be the same person who is authorized to submit cash requests. Also, an individual may not sign their own paycheck.**

(C) Sign Cash Requests: Must be authorized to submit cash requests for reimbursement of costs on behalf of the organization.

(D) Sign Quarterly Financial Statements: Must be authorized to submit quarterly financial statements on behalf of the organization.