

FOA: SECTOR PARTNERSHIP TRAINING

Form 1, Part A: Required for All Applicants

Section 1: Sector Partnership Summary				
Identify Key Employer Partners. Applicant must identify at least <u>one (1)</u> employer partner:	Employer Name		City, State	Contact Name
	1. _____			
	2. _____			
	3. _____			
Select the targeted industry or occupational group: Note: If proposing more than one industry sector or a sector partnership with different employer partners, a <u>separate</u> application is required.		<input type="checkbox"/> Healthcare <input type="checkbox"/> Manufacturing <input type="checkbox"/> Energy and Utilities		<input type="checkbox"/> Construction & Skilled Trades <input type="checkbox"/> Transportation <input type="checkbox"/> Information Technology
Section 2: Training Program(s) Summary				
Program Name A				Does Program A directly prepare graduates for employment in a Target Occupation specified for the ETPL in Attachment B? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed cost per trainee (include line-item budget for each proposed program)		Does the proposed program result in wages that pay at least \$15/hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Program A listed on Michigan Training Connect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Program A	Address	City	State	Zip Code
Program A Type	<input type="checkbox"/> 1. Occupational Training with industry recognized credential (Must be on Michigan Training Connect) <input type="checkbox"/> 2. Customized Training (employer contributes up to 50% of training cost) <input type="checkbox"/> 3. Incumbent Worker Training (employer-driven training provider to current workers to prevent layoff or promote advancement)			Are you interested in this program being considered for a contract for a special project with location and schedule identified by DESC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Name B				Does Program B directly prepare graduates for employment in a Target Occupation specified for the ETPL in Attachment B? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed cost per trainee (include line-item budget for each proposed program)		Does the proposed program result in wages that pay at least \$15/hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Program B listed on Michigan Training Connect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Program B	Address	City	State	Zip Code
Program B Type	<input type="checkbox"/> 1. Occupational Training with industry recognized credential (Must be on Michigan Training Connect) <input type="checkbox"/> 2. Customized Training (employer contributes up to 50% of training cost) <input type="checkbox"/> 3. Incumbent Worker Training (employer-driven training provider to current workers to prevent layoff or promote advancement)			Are you interested in this program being considered for a contract for a special project with location and schedule identified by DESC? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program Name C				Does Program C directly prepare graduates for employment in a Target Occupation specified for the ETPL in Attachment B? <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed cost per trainee (include line-item budget for each proposed program)		Does the proposed program result in wages that pay at least \$15/hour?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Program C listed on Michigan Training Connect? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Program C	Address	City	State	Zip Code
Program C Type	<input type="checkbox"/> 1. Occupational Training with industry recognized credential (Must be on Michigan Training Connect) <input type="checkbox"/> 2. Customized Training (employer contributes up to 50% of training cost) <input type="checkbox"/> 3. Incumbent Worker Training (employer-driven training provider to current workers to prevent layoff or promote advancement)			Are you interested in this program being considered for a contract for a special project with location and schedule identified by DESC? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Applicant Capacity

- 1) **Related Experience.** How long has the applicant and proposed program been in operation? Describe recent past experience (last 3 years) in effectively training job seekers with barriers to employment (e.g., low-income, lack stable transportation and childcare, limited work experience, etc.).

- 2) **Organizational Capacity.** Describe the organization's program and fiscal management capacity. Attach financial statements or tax returns for past three years if not currently on DESC's ETPL or under contract with DESC.

- 3) **Data Collection and Reporting.** Identify resources assigned to data collection and reporting. How will you ensure that trainee progress and outcomes are documented (e.g., attendance, course completion, attainment of credential, initial employment)? Include who will manage data collection and how frequently.