

AJC Title I Provider Checklist

Respondent Name: _____

Proposed AJC Location: _____

Please use the following checklist to confirm all the documents are included in your packet.

Programs Forms

- [Organizational Leadership Demographics Survey](#)
- Respondent Information Form
- Memorandum of Understanding (MOU) with partners if applicable
- Executive Summary
- Program Narrative Response (25 pages maximum)
- Staff Resumes and/or Job Descriptions
- Youth 14 Elements Form (if applicable)
- Grant Summary Form
- Reference Form
- Proposed Planned Outcomes Form
- Budget for all applicable funding sources (Adult, Dislocated Worker, Youth)
- Budget Narrative

Fiscal Forms

- Financial Narrative Response
- Fiscal Questionnaire
- IRS W-9 Request for Taxpayer Identification Number and Certifications
- 501(c)(3) Tax Exempt Determination Letter dated within past 3 years (required only if applicable)
- Certificate of Good Standing or Tax Exemption Certificate
- Copy of most recent financial audit
- List of Board Members including year organization legally established
- Cost Allocation Plan
- Indirect Cost Rate Determination Letter (required only if applicable)
- Segregation of Duties Forms
- Budget Summary Forms for each funding source
- Budget Narrative Form

Respondent Information Form

Legal Name of Applicant Agency			
Proposed American Job Center			
Number of Years in Business			
FEIN Number			
DUNS Number			
Type of Organization	<input type="checkbox"/> Educational Institution <input type="checkbox"/> Private for Profit <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Private Not-for-Profit <input type="checkbox"/> Female Business Enterprise <input type="checkbox"/> Unit of Government <input type="checkbox"/> Disadvantaged Business Enterprise		
Address – Administrative Office	Address		
	City, State ZIP		
	Web Site URL		
Address of Proposed American Job Center – This is the location where the services described in this application will be provided.	Address		
	City, State ZIP		
Principal of Agency – CEO/Executive Director/President	Name		
	Title		
	Email Address		
	Phone		
Programmatic Contact Person	Name		
	Title		
	Email Address		
	Phone		
	Amount Requested	Total Served	Cost Per Served
Adult Funding	\$	#	
Dislocated Worker	\$	#	
Youth	\$	#	
Total Amount Requested	\$	#	
Amount of Leverage Funds			
Percentage of Leverage Funds			

WIOA Youth 14 Service Elements Delivery Plan

Element	Respondent Providing Service Element (Y or N)	Name of Partner Providing Service Element (If respondent is not providing directly)	Is there an existing MOU? (Y or N)
1. Tutoring, study skills training, and evidence-based dropout prevention strategies that lead to completion of secondary school diploma or its recognized equivalent or for a recognized postsecondary credential.			
2. Alternative secondary school offerings.			
3. Summer employment opportunities directly linked to academic and occupational learning.			
4. Paid and unpaid work experiences, including summer employment opportunities, internships, pre-apprenticeship programs, job shadowing and on the job training opportunities.			
5. Occupational skill training: priority consideration will be given for training programs that lead to recognized postsecondary credentials that are aligned with in demand industry sectors or occupations.			
6. Leadership development opportunities, which may include activities such as positive social behavior and soft skills, decision making, team work, and other activities.			
7. Supportive services.			
8. Adult mentoring for duration of at least twelve (12) months that may occur both during and after program participation.			
9. Follow-up services for a minimum 12-month period.			
10. Comprehensive guidance and counseling, including drug and alcohol abuse counseling, mental health counseling, as well as referrals to counseling, as appropriate to the needs of the individual youth.			
11. Financial literacy education			
12. Entrepreneurial skills training			
13. Services that provide labor market and employment information about in-demand industry sectors and occupations			
14. Activities that help youth prepare for and transition to post-secondary education and training.			

Respondent Grant History

Please complete the attached grant history form for all **WIOA grants received** within the past three years regardless of source. If the nature of the grant does not match the goals and outcomes identified here, please identify and include primary goals and outcomes of the grant.

Organization NAME:	
RESPONDENT GRANT HISTORY FORM	
Identify Funder	
WIOA Funding Type (Adult Dislocated Youth)	
Award Amount	
Time Period	
Planned Enrollment Goal	
Actual Enrollments	
Planned Placement Goal	
Actual Placements	
WIOA Performance Measures Exceeded	
WIOA Performance Measures Failed	
Identify Funder	
WIOA Funding Type (Adult Dislocated Youth)	
Award Amount	
Time Period	
Planned Enrollment Goal	
Actual Enrollments	
Planned Placement Goal	
Actual Placements	
WIOA Performance Measures Exceeded	
WIOA Performance Measures Failed	
Identify Funder	
WIOA Funding Type (Adult Dislocated Youth)	
Award Amount	
Time Period	
Planned Enrollment Goal	
Actual Enrollments	
Planned Placement Goal	
Actual Placements	
WIOA Performance Measures Exceeded	
WIOA Performance Measures Failed	

Respondent References

Please identify three references from funders or organizations that can attest to the organization's ability to serve the target population and meet benchmarks. Please ensure the accuracy of the contact information and inform references of The Partnership's reference checking process. By identifying a reference, Respondent authorizes the reference to release organizational information and performance data to The Partnership.

Organization NAME:	
REFERENCE LIST INFORMATION	
Reference #1 Organization Name	
Reference #1 Contact Person Name	
Reference #1 Contact Phone Number	
Reference #1 Email Contact	
Reference #1 Nature Of Relationship	
Reference #2 Organization Name	
Reference #2 Contact Person Name	
Reference #2 Contact Phone Number	
Reference #2 Email Contact	
Reference #2 Nature Of Relationship	
Reference #3 Organization Name	
Reference #3 Contact Person Name	
Reference #3 Contact Phone Number	
Reference #3 Email Contact	
Reference #3 Nature Of Relationship	

Planned Outcome Form

AJC Title I PROPOSED PLANNED OUTCOMES			
Organization Name:			
	Proposed Planned Numbers		
Benchmark	Adult	Dislocated Workers	Youth (As Applicable)
Proposed Number of Served			
Proposed Number of New Enrollments			
Proposed Number of OJTs			
Proposed Number of Placements			
Proposed Number of Business Served			
Proposed Planned Minimum Active Case Level			
Overall Cost Per Served (<i>Requested amount/total served</i>)			
Overall Cost Per Minimum Active Case Level (<i>Requested amount/ planned minimum active level</i>)			
Overall Cost Per Placement (<i>Requested amount/total placed</i>)			