

A. CAREER PATHWAY PROVIDER RESPONDENT CHECKLIST

Respondent Name: _____

Proposed Program Location: _____

Proposed Industry Sector/Pathway Training Area: _____

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

Program Forms

- [Career Pathway Organizational Leadership Survey \(formsite.com\)](#)
- Respondent Information Form
- Memorandum of Understanding (MOU) with partners if applicable
- Executive Summary
- Program Narrative Response (30) pages maximum)
- Job Titles and Descriptions
- Resumes Organized by Job Title
- Program Syllabus or Curriculum Outline
- Career Pathway Map
- Training Program History Form
- Proposed Planned Outcomes Form
- Reference List Form

Fiscal Forms

- Financial Narrative Response
- Budget Summary Forms for each funding source
- Budget Narrative Form
- Fiscal Questionnaire
- Segregation of Duties Form
- IRS W-9 Request for Taxpayer Identification Number and Certifications
- Certificate of Good Standing or Tax Exemption Certificate
- Copy of most recent financial audit
- Cost Allocation Plan
- List of Board Members

B. Respondent Information Form

| | | | |
|---|---|---------------------|------------------------|
| Legal Name of Applicant Agency | | | |
| Industry Sector of Proposed Training | | | |
| Number of Years in Business | | | |
| FEIN Number | | | |
| DUNS Number | | | |
| Type of Organization | <input type="checkbox"/> Educational Institution <input type="checkbox"/> Minority Business Enterprise <input type="checkbox"/> Female Business Enterprise <input type="checkbox"/> Disadvantaged Business Enterprise <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private Not-for-Profit <input type="checkbox"/> Unit of Government | | |
| Targeted Occupations of the Training | | | |
| Address – Administrative Office | Address | | |
| | City, State ZIP | | |
| | Web Site URL | | |
| Address of Program site – 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 | \$ | # | |
| Total Amount Requested | \$ | # | |
| Amount of Leverage Funds | | | |
| Percentage of Leverage Funds | | | |

C. Training Program History Form

Please complete the attached Training History Form for the past three years.

| | |
|---|--|
| Organization NAME: | |
| | |
| Training Program: | |
| Program Year (Time Period) | |
| Number of Enrollments | |
| Number of Completions (Graduates) | |
| Number of Participants Earning a Credential | |
| Number of Placements | |
| Number of Training Related Placements | |
| Average Starting Wage: | |
| Other Outcomes: | |
| | |
| Training Program: | |
| Program Year (Time Period) | |
| Number of Enrollments | |
| Number of Completions (Graduates) | |
| Number of Participants Earning a Credential | |
| Number of Placements | |
| Number of Training Related Placements | |
| Average Starting Wage: | |
| Other Outcomes: | |
| | |
| Training Program: | |
| Program Year (Time Period) | |
| Number of Enrollments | |
| Number of Completions (Graduates) | |
| Number of Participants Earning a Credential | |
| Number of Placements | |
| Number of Training Related Placements | |
| Average Starting Wage: | |
| Other Outcomes: | |

D. Respondent References Form

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 | |

E. Planned Outcome Form

| CAREER PATHWAY PROVIDERS Title I PROPOSED PLANNED OUTCOMES | | |
|---|--------------------------|--------------------|
| Organization Name: | | |
| | Proposed Planned Numbers | |
| Benchmark | Adult | Dislocated Workers |
| Proposed Number of Enrollments | | |
| Proposed Number of students with a measurable skill gain | | |
| Proposed Number of students who earn a credential | | |
| Proposed Number of "Graduates" or Successful completions | | |
| Proposed Number of Placements | | |
| Proposed Number of Training Related Placements | | |
| Proposed Average Hourly Wage: | | |
| Overall Cost Per Served (<i>Requested amount/total served</i>) | | |
| Overall Cost Per Placement (<i>Requested amount/total placed</i>) | | |