**WFF Pre-award Risk Assessment**

This form must be completed and submitted with the grant application. DWD will use responses to assess the applicant organization's ability to successfully and appropriately manage grant funds. If a grant is awarded, DWD may implement measures to ensure the integrity of grant funds (for example, establishing additional contractual provisions and monitoring procedures) based on the responses provided.

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| --- | --- |
| Legal Business Name: |  |
| FEIN: |  |

**Organization Background**

1. In what year was your organization established? What is your organization's primary product or service?

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1. Please provide ownership details. For privately held companies, list the names of all owners with ownership greater than 5%. For publicly traded companies, list the names of all shareholders with ownership interest more than 20%. If not applicable, enter "None."

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1. List the names of parent, subsidiary, or other organizations which share common ownership (i.e., more than 50% ownership interest) with your organization. If not applicable, enter "None."

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1. List the names of the members of your organization's governing board. If not applicable, enter "None."

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1. Explain if your organization is undergoing a merger or acquisition with another company, or if you anticipate doing so within the next 12 months. If not applicable, enter "None."

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1. List the name(s) and position(s)/title(s) of any key or senior management member(s) of your organization that are Public Officials. If not applicable, enter "None."

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1. Explain the nature of any significant changes in ownership, key personnel, or contracted accounting provider in the last two years (e.g. Controller, Executive Director, Accounting Manager, Program Manager, etc.). If not applicable, enter "None."

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1. Provide the website address for your organization. If not applicable, enter "None."

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**Financial Capacity**

1. Describe any significant changes in accounting systems and practices at your organization occurring in the last year. If not applicable, enter "None."

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1. Describe the circumstances if your organization, or any owner, subsidiary, or affiliate have been involved in bankruptcy or insolvency proceedings, or face any pending proceedings. If not applicable, enter "None."

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1. Can your accounting system do the following? Yes No

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| --- | --- | --- |
| Differentiate WFF grant revenues and expenditures from other transactions |  |  |
| Record revenues and expenditures by specific budget cost categories (such as those included in your WFF approved budget) |  |  |
| Report time and effort for employees who charge to WFF grants/cost centers (if applicable) |  |  |
| Assign costs between reimbursement and match expenditures |  |  |

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| --- | --- | --- | --- | --- |
| 1. Has the applicant organization received state or federal grants? | Yes |  | No |  |

**Grant Administration**

If so, please disclose the names and details of the three most recent state or federal grants.

1. GRANT 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

1. GRANT 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

1. GRANT 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title |  | | | | |
| Granting Agency |  | | | | |
| Contact Information |  | | | | |
| Award Amount | $ | Timeframe |  | Grant Status |  |

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

**Legal and Regulatory Compliance**

1. If you, any key employee, or senior management member of your organization has ever been charged with or convicted of a felony, or any other state or federal crime(s) involving fraud or misconduct, please list name(s) and charges. If not applicable, enter "None."

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1. Describe any outstanding or concluded litigation, civil, criminal, or administrative proceedings to which your organization is, or was, a party during the last seven years. If not applicable, enter "None" in each column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parties | Nature of Claim | Case Number | Date and Method Commenced | Amount of Damages Sought/Paid | Disposition |
|  |  |  |  |  |  |
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1. Disclose any pending, threatened, or concluded governmental violations, investigations, proceedings, and/or arbitrations, occurring during the last five years that involve your organization, any officer, or director acting in their capacity on behalf of your organization. If not applicable, enter "None."

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1. Describe the circumstances if your organization has any compliance issues related to payment of federal and/or state taxes. If not applicable, enter "None."

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1. Please review and certify that you are familiar with the WFF grant administrative requirements included at <http://wisconsinfastforward.com/pdf/eligibility_requirement_guidelines.pdf>

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|  | I certify that I have read and understand the WFF grant requirements. |

**Due Diligence Checklist**

All applicants are required to complete the Risk Assessment Form and Due Diligence Checklist. Applicants are strongly encouraged to verify that there are no unresolved issues in these areas prior to submitting the application. Applicants may be automatically disqualified and applications may not be scored if "Yes" is selected in response to any of the items below:

|  |  |  |
| --- | --- | --- |
| (Place an 'X' in the  appropriate column) | | |
|  | Yes | No |
| Within the last 24 months, the Applicant has been required to provide a Worker Adjustment and Retraining Notification (WARN) notice under 29 U.S.C. § 2101 et seq., or a notice under Wisconsin's Business Closing and Mass Layoff Law, Wis. Stat. § 109.07, found here: <https://dwd.wisconsin.gov/dislocatedworker/warn/> |  |  |
| The Applicant has been found to have violated the Unemployment Compensation laws, Wis. Stat. ch. 108, within the last 24 months. |  |  |
| The Applicant has been found to have violated the Worker's Compensation Act, Wis. Stat. ch. 102, within the last 24 months. |  |  |
| The Applicant is on the Department of Administration's list of vendors who are not in compliance with Wis. Stat. § 77.66, found at: <http://vendornet.state.wi.us/vendornet/wocc/CertList.pdf>, unless they demonstrate that they have come into compliance since the last posting date of the list. |  |  |
| If the Applicant is a corporation, the Applicant's status is not "registered" or otherwise in good standing with the Department of Financial Institutions, as listed here: <https://www.wdfi.org/apps/CorpSearch/Search.aspx> |  |  |
| The Applicant has violated the Wisconsin Fair Employment Act, Wis. Stat. § 111.31 et seq., or employment regulations under Wis. Stat. ch. 103 within the last 24 months. |  |  |
| The Applicant is listed as ineligible on the Department of Administration's Wisconsin Office of Contract Compliance Vendor Directory, found here: <http://vendornet.state.wi.us/vendornet/wocc/wocceli1.xls> |  |  |
| The Applicant is listed as a delinquent taxpayer with the Wisconsin Department of Revenue, found here: <https://www.revenue.wi.gov/Pages/Delqlist/DelqSearch.aspx> |  |  |
| The Applicant has been in operation less than 24 months. |  |  |

If the Applicant answered "yes" to any of the above, please provide a detailed explanation of the reasons why the answer is not "no."

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**Expanded Wisconsin Fast Forward Grant Application**

**Technical Education Equipment Grants**

To apply for the Expanded Wisconsin Fast Forward Grant, complete this application using Microsoft Word.

**Please Note:** Google Docs or links, scanned documents, .pdfs or image-format documents are not accepted.

Submit your application package by **April 8, 2021 at 3 pm CST** by emailing this application, plus all supporting documents, to [WisconsinFastForward@dwd.wisconsin.gov](mailto:WisconsinFastForward@dwd.wisconsin.gov). **Incomplete or late applications are not accepted.**

**PROJECT OVERVIEW**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | |  | | | | | | |
| Project Name: | |  | | | | | | |
| Project Start Date: | |  | | Project End Date: | |  | | |
| Advanced Manufacturing Field: | |  | | | | | | |
| Brief Project Description: | |  | | | | | | |
| WFF $ Request: | $0.00 | | + Match (2X WFF $ Request): | | $0.00 | | = Total Project Cost: | $0.00 |

**Applicant Project Director**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Title: |  | | | | |
| School District: |  | | | | |
| Address: |  | | | | |
| City |  | | | ZIP: |  |
| Phone: |  | Email: |  | | |

**Applicant Fiscal Agent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Title: |  | | | | |
| School District: |  | | | | |
| Address: |  | | | | |
| City |  | | | ZIP: |  |
| Phone: |  | Email: |  | | |

**BUDGET**

*Funding requests must range from $5,000 to $50,000. Match equal to 200% of the funding request is required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Line Items** | | **A**  **Requested WFF Funds** | **B (Should be 2\*A)**  **Leveraged Match/Cost Sharing** | **A + B**  **Total Project $** |
| 1 | Equipment (including any necessary programming software) | $0.00 | $0.00 | $0.00 |
| 2 | Instructional Materials | $0.00 | $0.00 | $0.00 |
| 3 | Equipment Installation (if not included with purchase) | $0.00 | $0.00 | $0.00 |
| 4 | Minor Facility Renovations (Match only) | NA | $0.00 | $0.00 |
|  | Total | $0.00 | $0.00 | $0.00 |

**BUDGET DETAIL**

*Describe each Requested WFF Funds Budget Line Item in detail. Limit responses to one-half page in length, single spaced, 11-point Times New Roman font, for each section.*

|  |
| --- |
| Equipment |
| Instructional Materials |
| Minor Facility Renovations *(Match only)* |
| Equipment Installation |
| Miscellaneous Budget Comments |

**PROJECT PROPOSAL**

*Describe the project. Limit responses to one page in length, single spaced, 11-point Times New Roman font, for each section.*

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| **Project Description**  Provide detail regarding:   * Need for advanced manufacturing equipment, installation, and (if needed) minor facility renovations; * Describe how equipment acquisition will impact students, the school district, and employers; * Provide data, information, and/or examples to support the need and scope; * Describe sources of leveraged funds/cost sharing; and * Any other details proposal evaluators should know about the project. |
| **Partnerships and Match**   * Describe how the project leverages new or existing partnerships with employers, local/regional economic development organizations, workforce development boards, and sources of non-state matching funds. * Describe how the project impacts the local community and/or surrounding region and provide supporting data and examples. |
| **Training Capacity**   * Describe the value of project benefits to students, regional employers, regional training capacity, and the supply of skilled workers in advanced manufacturing fields. * Describe the number of students trained, number of certifications, milestones, and outcomes. |
| **Builds on Proven Programs**   * Describe any new curricula, certifications, and/or credit programs that will result from this project. * Describe collaborations that may improve future ability to address the training issue. |
| **Sustainability**   * Describe how the project builds on proven programs and demonstrates sustainability. * Describe partnerships and financial support provided for the training program. |

**LETTERS OF COMMITMENT AND SUPPORT**

Please attach to your application any letters of intent to support your Advanced Manufacturing Technical Education Equipment proposal, as outlined:

For every partner, other than the applicant, upload a signed letter of commitment (on letterhead) which confirms their agreement to support the project. For each source of leveraged funding, upload a signed letter of commitment (on letterhead) that outlines the proposed contributions, confirms the agreement to provide the funding, and the use of the funds. The partner/leveraged funding letters may be combined into a single document, if appropriate.

Attach any additional letters of support, as appropriate.

**Certification:** It is understood and agreed by the undersigned that:

1. By submitting this application, I certify that, to the best of my knowledge and belief, the information submitted is true and correct.
2. Application proposal will form the basis for any grant awarded and be incorporated by reference into a grant contract with DWD.
3. By submitting this application, I certify that the Applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. By submitting this application, I certify that the Applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes, but is not limited to, lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions or inadequate capital to complete the project.
5. Applicant understands this application and other materials submitted to OSD may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. seq.
6. Applicant understands that submitting false or misleading information in connection with his/her application may result in the Applicant being found ineligible for grant assistance through the WFF program and, if the grant is awarded to the Applicant, may be a basis to terminate the grant.

7. I am fully authorized to execute and deliver this contract on behalf of the Applicant.

Name and title of the individual authorized to commit applicants to this agreement:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | Initials: |  |
| Title: |  | | | Date Signed: |  |
| Phone: |  | Email: |  | | |