

## Expanded Wisconsin Fast Forward Grant Application

### Employee Resource Network Pilot Grants

Clear Form

To apply for an Expanded Wisconsin Fast Forward Grant, complete this application. Save completed document to your location of choice. To submit, attach application plus all attachments to an email and send to [WisconsinFastForward@dwd.wisconsin.gov](mailto:WisconsinFastForward@dwd.wisconsin.gov) by **Tuesday, May 8, 2018** at 3 p.m. CDT. *Incomplete or late applications will not be accepted.*

### PROJECT OVERVIEW

Applicant Name:  
 Project Name:  
 Project Start Date: Project End Date:  
 Brief Project Description:

Requested WFF Funds: \$ + Match (100% of Requested WFF Funds): \$ = Total Project Cost: \$

### Applicant Fiscal Agent/Project Director

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Name:  
 Title:  
 Organization:  
 Address: City: ZIP:  
 Phone: Email:

### Applicant Compliance Checklist

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Has the Applicant had any discrimination findings after a due process hearing based on race, color, religion, national origin, or sex within the last 5 years?	Yes	No
If yes, have the discrimination findings been reported to the Office of Civil Rights?	Yes	No
Has the Applicant submitted a Civil Rights Compliance (CRC) Plan to the Wisconsin Department of Workforce Development or another state agency within the last two years?	Yes	No
If yes, has the CRC plan been approved?	Yes	No

### BUDGET

Budget Line Items	A Requested WFF Funds	B Leveraged Match/ Cost Sharing	A + B Total Project \$
1. Salary	\$	\$	\$
2. Fringe/Benefits	\$	\$	\$
3. Marketing/Outreach	\$	\$	\$
4. Materials/Supplies	\$	\$	\$
5. Travel	\$	\$	\$
6. Administrative Costs	\$	\$	\$
7. Other	\$	\$	\$
Total	\$	\$	\$

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**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.*

**Salary**

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**Fringe/Benefits** *Explain Budget Line Item in detail. Identify and provide individual cost for each Fringe/Benefits item component.*

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**Marketing/Outreach** *Describe marketing/outreach tactics for employers, partners and employees in detail. Include expected results.*

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**Materials/Supplies**

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**Travel**

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**Administrative Costs**

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**Other** *Include contractual or case management expenses. Each expense will be reviewed to confirm funding eligibility.*

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**Miscellaneous Budget Comments** *Provide detail about Budget Line Items that proposal evaluators should know.*

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**PROJECT PROPOSAL**

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

**Statement of Need** *Detail the need for the proposed ERN; describe employee and employer impacts; describe specific services, tactics or training that will be offered. Provide any other details proposal evaluators should know about the project.*

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**Demand Driven** *Describe how the ERN responds to the needs (specific and general) of members; including employees, employers and workforce support providers. Identify how the ERN will increase local employee retention.*

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**Recruitment Strategies** *Describe how the project will engage employers and private, public and non-profit providers of workforce support. Describe the how the ERN will engage and retain employees/participants.*

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**Partnerships and Match** *Describe how the ERN will leverage new or existing employer, economic development organization, workforce development board and/or service provider partnerships. Identify sources of non-state match, leveraged or cost share funds.*

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**Optimizes Provision of Resources** *Explain how existing employee resources will be leveraged or the range expanded.*

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**Startup/Development and Implementation/Performance Plans** *Describe plans. Identify measures of performance and success.*

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**Sustainability** *Describe long-term funding mechanisms (existing or planned) for ERN support beyond the pilot.*

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**LETTERS OF COMMITMENT AND SUPPORT**

Please attach to your application any letters of intent to participate in the Employee Resource Network Pilot as outlined below:

For each source of leveraged funding, upload a letter of commitment which outlines their proposed contributions, confirms their agreement to provide funding and what the funds will be used for. These letters can be combined where appropriate.

Attach any additional letters of support, as appropriate.

**TERMS AND CONDITIONS**

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. Funds granted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state;
3. Any proposed changes in this proposal as approved will be submitted in writing by the applicant and upon notification of approval by the state shall be deemed incorporated into and become part of this agreement;
4. Funds awarded may be terminated at any time for violations of any terms and requirements of this agreement;
5. 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;
6. 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;
7. The 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. the applicant will mark documents "trade secret" or "confidential" where appropriate for financial or other sensitive materials that should be, to the extent possible, kept in confidence. OSD will notify the applicant if it receives a public records request for material so marked;
8. The applicant agrees to comply with all state and federal civil rights laws the Federal Civil Rights Act of 1964; and
9. The applicant agrees that no grant appropriated funds will be paid to any person for influencing or attempting to influence an officer or employee of any agency, any member of the Wisconsin Legislature, or an employee of a member of the Legislature in connection with the awarding of any state contract, the making of any state grant, the making of any state loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any state contract, grant, loan, or cooperative agreement.
10. The 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 the Applicant or its representative may be subject to civil and/or criminal prosecution.

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

Name:

Initials:

Title:

Date Signed:

Phone:

Email: