

# WFF Grant Application – EXAMPLE

*NOTE: The Wisconsin Fast Forward (WFF) application is an online application with 8 separate tabs and many separate pages that open and require responses, depending on which responses have been checked. Therefore, it is not possible to provide an example that shows every question that could arise in any given application. Below is a reasonable facsimile, for reference.*

*The best way to see exactly what the online application looks like is to [login to the WFF system](#), register for access as an Application Writer, and begin an application. Screen shots of the online experience can be found in the [Application Instructions](#). To help you prepare your application responses, this [Word document](#) - listing every type of question found on the online application - was prepared to assist you.*

## Project Overview

**Correspondence ID:** [autofill]

Applicant Name:

Project Name:

Brief Project

Description:

Project Start Date:

Project End Date:

Number of  
Unemployed Trainees:

Number of Incumbent  
Workers - New Hire:

Number of Incumbent  
Workers - Existing:

Total Number of  
Trainees:

Total Costs:

Average Cost per  
Trainee:

Anticipated Match:

WFF Amount  
Requested:

Occupations to be  
trained:

## Applicant Fiscal Agent (must be an employee of the applicant)

Name:

Title:

Phone:

Fax:

Email:

## **Applicant Compliance Checklist**

1. Has, the Applicant, had any discrimination findings after a due process hearing on the basis of race, color, religion, national origin, or sex within the last 5 years?  
If yes, have the discrimination findings been reported to the Office of Civil Rights?
2. 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?  
If yes, has the CRC plan been approved?
3. Has the Applicant, or any owner, subsidiary or affiliate ever been involved in a bankruptcy or insolvency proceeding or are any proceedings pending?
4. WFF applications require a due diligence form that is updated annually (365 days). Does your due diligence form require resubmitting?

## **Applicant Financial Information**

Applicant is a publicly-funded entity:

## **Budget Summary**

<b>BUDGET ITEM</b>	<b>REQUESTED FUNDS</b>	<b>CASH MATCH</b>	<b>IN-KIND MATCH</b>	<b>TOTAL</b>
Program/Curriculum Development:				
Instruction:				
Instructional Materials: (Cash and In-Kind match for this line not to exceed 20% of the total match.)				
Facility (off-site):				
Facility (on-site):				
Supplies and Operating Expenses:				
Consultant/Contractual:				
Travel, Meals, and Lodging:				
Wages/Stipends of Trainee:				
Other:				
Administration Cost: (not to exceed 5% of the total project budget)				
Total:				

## **Budget Detail**

Attach detailed breakdown of calculations.

### **Program/Curriculum Development:**

### **Instruction:**

### **Consultant/Contractual:**

### **Wages/Stipends of Trainee:**

### **Other:**

### **Administration Cost:**

Estimated program administration costs equal to 5% of grant request.

### **Miscellaneous Budget Comments:**

## **LETTERS OF COMMITMENT AND SUPPORT**

Please upload any letters of Commitment and Support as outlined below:

For every employer listed in the PLACEMENT section, other than applicant business, upload a letter of commitment which confirms their agreement to employ the trainees, and/or provide an incumbent worker wage increase, the number of placements at that employer, and the wage benefit information.

For each source of match funding, upload a letter of commitment which outlines their proposed contributions, confirms their agreement to provide the funding and what the funds will be used for.

Upload any letters of Support, as appropriate.

Letters of Commitment and Support attachment(s)

## 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:

## **Project Needs Statement**

### **Economic Impact**

### **Eligibility**

### **Assessment**

### **Trainee Program Monitoring**

### **Training and Education Capacity Building**

#### **Curriculum Statement(s)** [fill in the following for each individual training course]

Proposed Training Provider:

Course Title or Training

Topic:

Number of Trainees:

Course Hours per Trainee:

Total Training Hours:

Occupation:

Status:

Course Certification:

Curriculum Explanation:

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#### **Training Provider(s)**

#### **External Training Provider(s)**

Provider Name:

Address 1:

Address 2:

City:

County:

State:

Zip:

FEIN:

Contact Name:

Contact Title:

Phone:

Fax:

Email:

Check if this organization is the applicant:

Accredited:

Accrediting Agency:

For-profit organization:

Nonprofit organization:

Fiscal Agent is affiliated with this organization:

## Internal Training Provider(s)

Business Name: FEIN:  
Address 1: Contact Name:  
Address 2: Contact Title:  
City: Phone:  
County: Fax:  
State: Email:  
Zip:

Check if Organization is in house training provider:

In House Training Description:

### **Placement(s)** [fill in the following for each placement organization]

Placement Name:

Occupation:

Expected Placement

Number:

Average pre-training hourly  
wage without benefits for  
incumbent workers:

Expected Post-Training  
Hourly Wage without  
Benefits:

Level of Training:

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## Economic Opportunity Enhancements

Employee benefits provided to existing and/or placed trainees:

Sick Leave/Vacation/Paid Time Off:

Health Insurance:

Retirement:

Life Insurance:

Profit-sharing/Stock Options:

Tuition Reimbursement:

Other:

## **Contributing Partners Participation**

### **Project Partners**

#### **Employment Placement Partner(s)** [fill in the following for each placement partner]

Business Name: FEIN:  
Type: NAICS Code(s):  
Address 1:  
Address 2:  
City:  
County:  
State:  
Zip Code:

Total Fulltime Employees: Contact Name:  
Total Fulltime Employees in WI: Contact Title:  
Total Parttime Employees in WI: Phone:  
(32 hours or less per week)  
Annual Sales: Fax:  
Email:

Check if organization is the applicant:  
Check if Fiscal Agent is affiliated with the organization above:  
Check if Organization is in house training provider:  
In House Training Description:

Other Organization(s)  
(Economic Development Organizations, Workforce Development Boards, Etc.)