**Department of Workforce Development Pre-Award Risk Assessment**

This form must be completed and submitted with the grant application. The Department of Workforce Development (DWD) will use responses to assess the applicant organization's ability to manage grant funds successfully and appropriately. 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 (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 names and positions/titles of any key or senior management members 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 (for example controller, executive director, accounting manager, program manager). 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 Commercial Driver License grant revenues and expenditures from other transactions. |  |  |
| Record revenues and expenditures by specific budget cost categories (such as those included in your CDL approved budget). |  |  |
| Report time and effort for employees who charge to CDL 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? |  |  |

**Grant Administration** Yes No

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

1. GRANT 1

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

\*Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

1. GRANT 2

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| --- | --- | --- | --- | --- | --- |
| 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 crimes involving fraud or misconduct, please list names 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.

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| --- | --- | --- | --- | --- | --- |
| 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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**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:

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| --- | --- | --- |
|  | 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 at [dwd.wisconsin.gov/dislocatedworker/warn/](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 [vendornet.state.wi.us/vendornet/wocc/CertList.pdf](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 at [apps.dfi.wi.gov/apps/CorpSearch/Search.aspx](https://apps.dfi.wi.gov/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 at [vendornet.state.wi.us/vendornet/wocc/wocceli1.xls](http://vendornet.state.wi.us/vendornet/wocc/wocceli1.xls) |  |  |
| The applicant is listed as a delinquent taxpayer with the Wisconsin Department of Revenue, found at [revenue.wi.gov/Pages/Delqlist/DelqSearch.aspx](https://www.revenue.wi.gov/Pages/Delqlist/DelqSearch.aspx) |  |  |

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**

**Teacher Training and Recruitment Grant** **for Non-profits**

To apply, complete this application and save it in .doc or .docx format. Google Docs, Google Links, .pdf, .jpg, .png, and .tif files **will not be accepted**. To submit the application package, email the application and all required forms and supporting documents to [WisconsinFastForward@dwd.wisconsin.gov](mailto:WisconsinFastForward@dwd.wisconsin.gov) by Monday**, Dec. 16, 2024, at 3:00 p.m. CST**. Incomplete or late applications will not be accepted.

**PROJECT OVERVIEW**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: |  | | | | | | | | | | |
| Non-profit Type *(place X in applicable box)*: | |  | | | 501(c)(3) | | | |  | 501(c)(4) | |
| Address: |  | | | | | | | | | | |
| City: |  | | | | | | State: |  | | Zip: |  |
| Phone: |  | | Email: | | |  | | | | | |
| Project Name: |  | | | | | | | | | | |
| Start Date: |  | | | End Date: | | | |  | | | |
| License Areas: |  | | | | | | | | | | |
| Brief Project Description: |  | | | | | | | | | | |

**Project Director**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Title: |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | | | State: |  | ZIP: |  |
| Phone: |  | Email: |  | | | | |

**Fiscal Agent** (if different from Project Director)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | |
| Title: |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | | | State: |  | ZIP: |  |
| Phone: |  | Email: |  | | | | |

**Budget:** Enter Values in shaded cells and leave unused cells $0.00. Provide total for all budget categories in line seven.

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| --- | --- | --- |
| **Budget Line Items** | | **Requested WFF Funds** |
| 1 | Tuition | $0.00 |
| 2 | Licensing/Testing | $0.00 |
| 3 | Trainee Stipend | $0.00 |
| 4 | Recruitment | $0.00 |
| 5 | Program Implementation (Not to exceed 10 percent of WFF fund request) | $0.00 |
| 6 | Administrative Costs (Not to exceed 10 percent of WFF fund request) | $0.00 |
| 7 | **Total** | $ 0.00 |

**Project Cost Complete Budget Grid (above) first**. Enter Projected Count of Teacher Trainees in cell B1. Enter Values in unshaded cells, or auto-calculate. To auto calculate, select entire table (hover cursor over table and click on  in upper left corner), then press [F9].

|  |  |  |  |
| --- | --- | --- | --- |
| **A**  **Total Requested WFF Funds\**  **(from Cell A6, above)** | | **B**  **÷ Projected Count of Teacher Trainees** | **C**  **= Average $ Cost per Trainee** |
| 1 | $ 0.00 | 0 | **$ 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. For unused sections, type NA.

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| **Instruction/Tuition:** Describe tuition and/or instruction costs. |
| **Licensing/Testing:** For each license, include license name/type, count of participants licensed, fee per test/license, and testing service provider names. |
| **Trainee Stipend:** Provide detailed description of stipend for students related to student teaching. |
| **Recruitment:** Provide detailed description of recruitment costs which may include development of marketing materials, booth registrations as Wisconsin event, travel, meals and lodging allocated to up to (2) staff to attend each event, and reasonable advertising costs not to exceed 10% of recruitment costs. |
| **Program Implementation:** Provide personnel name/title, hourly wage, count of proposed hours and services provided for program coordination and participant recruitment. |
| **Administrative Cost**: May not exceed 10 percent of funding request. |
| **Miscellaneous Budget Comments:** Provide any detail that helps evaluators better understand proposed budget. |

**PROJECT PROPOSAL**

Describe the project and its components. Limit responses for each section to one-half page in length, single spaced, 11-point Times New Roman font. Total Proposal page length shall not exceed 10 pages. Refer to the Application Evaluation Rubric and Scoresheet to address all evaluation criteria in your response.

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| **Project Need Statement:** Describe the nature and scope of the critical teacher training needs that the project will address, using data and examples of past performance training teachers enrolled in accredited Wisconsin colleges or universities and teacher placement in Wisconsin low-income or urban school districts. Discuss teacher shortage impacts on service areas, student populations and project partners. Describe outcomes that demonstrate organizational capacity to recruit and license teachers in urban and/or low-income areas. (Up to 20 points) |
| **Project Impact:** How many teachers will be recruited and licensed during the project? List subject areas for which teachers will seek licenses. Describe how proposed training will impact teachers, students, schools, partners and teacher shortage areas. (Up to 20 points) |
| **Program Cost & Implementation:** Describe plan to achieve stated outcomes in project timeframe, identifying milestones, benchmarks, and monitoring plans. Explain the need for requested budget items and how the cost per trainee is reasonable and relevant to program and achievements. (Up to 20 points) |
| **Capacity Building:** For low-income and/or urban areas, describe how the project will build the number of DPI-licensed teachers; or create a new or alternate path for teacher licensing; result in new strategies for use in future training for teachers; and/or build new and sustainable partnerships. (Up to 10 points) |
| **Objectives, Outcomes, and Reporting:** Provide a detailed project timeline, with milestones and measurable benchmarks to gauge progress. Describe how the project will ensure compliance with DPI licensing standards; achieve proposed program and participant outcomes; monitor program and participant success; and adjust for any barriers that that may arise. (Up to 20 points) |
| **Economic Opportunity Enhancements:** Describe how the proposed program will improve the education and employment status of, and provide career pathway value for, participants. Identify and special targeted populations and describe past successes in recruiting, training. and licensing teachers from these populations. (Up to 10 points) |

**LETTERS OF COMMITMENT AND SUPPORT**

Please attach to your application any letters of intent to participate or provide support to the program as follows:

* **Partner letters of Commitment or Support**: Should include attestation on organization letterhead regarding partnership expectations, the number teacher training commitments, school partnerships and any other elements that inform the program.

**Attach a copy of IRS 501(c) determination letter or an IRS affirmation letter to your application.**

**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. The 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. 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.
6. 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, if the grant is awarded to the applicant, may be a basis to terminate the grant.

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