CAREER 500 Grant Application

I. Applicant Information

1. **Organization Name:**

2. **Contact Person:**

   o   Name:

   o   Title:

   o   Phone:

   o   Email:

3. **Mailing Address:**

4. **Eligibility Category:**

   o   ☐ Central Ohio Workforce Development Network Member

   o   ☐ Community-Based Organization (CBO) with a budget of $5M or less

5. **Verification of 501(c)(3) Status:**

   o   ☐ Yes (Attach proof)

   o   Federal Tax ID:

6. **Ohio Secretary of State Registration Status:**

   o   ☐ Registered

   o   Registration Number:

7. **Financial Audit:**

   o   Attach the latest completed financial audit.

II. Program Description (500-word limit)

1. **Program Name:**

2. **Description of Program:**

   o   Provide an overview of the program's goals, target population, and primary activities.

3. **Years in Operation:**

4. **Evidence-Based Backing for Program Design:**

   o   Cite relevant research or data that supports the effectiveness of your program.

5. **Industry Sectors Served:**

6. **Attach three letters from Employers who have hired previous program participants**

III. Proposed Expansion (500-word limit)

1. **Current Funding Sources:**

   o List all current funding sources and amounts for the program.

2. **How Additional Funds Will Be Used:**

   o Describe how requested funding will increase your organization's capacity to serve additional participants.

3. **Projected Impact:**

   o Additional participants to be served:

   o Expected success rate (post-expansion):

   o Impact on employment rates and wage outcomes:

4. **Sustainability Strategy:**

   o Describe how the program might sustain expanded capacity beyond the grant period.

Please download and complete the Logic Model Template based on the proposed expansion of your program.

IV. Budget

1. **Requested Amount:**

   o ☐ Central Ohio Workforce Development Network Member: Up to $350,000

   o ☐ CBO: Up to $200,000

2. **Budget Breakdown:**

   o Administrative Costs (up to 15%): $

   o Staff Costs: $

   o Participant Training Costs: $

   o Participant Support Services (e.g., childcare, transportation): $

   o Other Costs (specify): $

3. **Budget Narrative:**

o   Provide detailed justification for each budget item.

V. Participant Support and Recruitment (500-word limit)

1. **Recruitment Strategy:**

   o   Describe how participants are currently recruited.

2. **Support Services Currently Offered:**

   o   List services (e.g., housing assistance, financial literacy training, transportation).

3. **Employer Engagement Strategy:**

   o   Describe how you engage with employers to place participants in jobs.

VI. Reporting and Evaluation (500-word limit)

1. **Program Evaluation Methodology:**

   o   Describe how you evaluate program outcomes.

2. **Key Performance Indicators (KPIs) FY 2021-2023:**

   o   Number of participants served annually:

   o   Percentage of participants placed in full-time employment:

   o   Average wage at placement per program year:

   o   Percentage increase in wages from entry to exit:

   Note: If you do not fully capture this data now, explain how you will capture this data going forward.

3. **Outcome Measures:**

   o   20% increase in average income (pre/post):

   o   Sustained employment (2 quarters post-program):

   o   Reduced reliance on social services:

   Note: If you do not fully capture this data now, explain how you will capture this data going forward.

4. **Program Logic Model:**

   o   Attach a logic model summarizing inputs, activities, outputs, and outcomes.

VII. Compliance Certification

☐ I certify that this application is complete and meets all eligibility and threshold requirements as outlined in the NOFA.

☐ I understand that late or incomplete applications will not be considered.

- Signature of Authorized Representative: _____ _____

- Date: _____

Submission Instructions

- Submit your completed application and all required attachments electronically to **Career500@aspyrworkforce.org** by **5:00 pm on January 17, 2025.**

- Late submissions will not be accepted.

Attachments Checklist:

☐ Proof of 501(c)(3) status
☐ Ohio Secretary of State Registration
☐ Latest completed financial audit
☐ Budget narrative and breakdown
☐ Program logic model

This structure ensures applicants address all required components while providing a clear, organized submission.