

Worker Skills Upgrading - Unemployed Worker Training

1. **Question Ref:** Q_1749
Question Type: Threshold

Do you attest that each participant is an individual who has been unemployed for 26 weeks or more?

2. **Question Ref:** Q_287
Question Type: Threshold

Is the training designed to meet the special requirements of an employer or group of employers?

3. **Question Ref:** Q_411
Question Type: Threshold

Is training being provided with the intent of instilling specific occupational skills which will, at the conclusion of the training, make successful participants more readily employable?

4. **Question Ref:** Q_1347
Question Type: Threshold

Does the applicant business attest that it is a training provider OR a private sector, for-profit or not-for-profit business?

5. **Question Ref:** Q_1357
Question Type: Threshold

Does the applicant attest that they will comply with New York State Labor Law? If applicant has past violations, list dates and details below.

6. **Question Ref:** Q_1411
Question Type: Threshold

Does the applicant business attest that any award will be expended on program activities in NYS, that it is the intention of the applicant that the individuals to be trained will work in NYS upon completion of the training, and that the business(es) participating in this application are headquartered in NYS or have at least one site located in NYS?

7. **Question Ref:** Q_1049
Question Type: Basic

Contact Last Name

8. **Question Ref:** Q_1050
Question Type: Basic

Contact Title

9. **Question Ref:** Q_1051
Question Type: Basic

Additional Contact Title

10. **Question Ref:** Q_1052
Question Type: Basic

Additional Project Contact First Name

11. **Question Ref:** Q_928
Question Type: Basic

Project Street Address: if the project does not have a definite street address, please skip to "Project without a Street Address" below.

12. **Question Ref:** Q_930
Question Type: Basic

Explain what makes your project a regional economic priority - for example creates jobs, economic investment, sustainability and community revitalization, etc.

13. **Question Ref:** Q_969
Question Type: Basic

If you are a business, have you been certified as an Minority or Women-owned Business Enterprise (MWBE)?

14. **Question Ref:** Q_970
Question Type: Basic

Additional Project Contact Last Name

15. **Question Ref:** Q_971
Question Type: Basic

Project Without a Street Address: please enter a description of the project location. Include project starting/ending street addresses, cities & zip codes if applicable.

16. **Question Ref:** Q_972
Question Type: Basic

Project county or counties.

17. **Question Ref:** Q_1034
Question Type: Basic

Project Zip Code. (please use Zip+4 if known)

18. **Question Ref:** Q_184
Question Type: Basic

NYS Assembly District(s) where the project is located. (please enter a number between 1 and 150 that represents your Assembly District)

HELP SECTION

Click [HERE](#) to determine your Assembly district.

19. **Question Ref:** Q_190
Question Type: Basic

NY Senate District(s) where the project is located. (please enter a number between 1 and 62 that represents your Senate District)

HELP SECTION

Click [HERE](#) to determine your Senate district.

20. **Optional Question Header:**

Applicant Information

- Question Ref:** Q_546
Question Type: Basic

Legal Name of Applicant

21. **Question Ref:** Q_547
Question Type: Basic

Contact First Name

22. **Question Ref:** Q_550
Question Type: Basic

If you are a DBA, what is your DBA name?

23. **Question Ref:** Q_551
Question Type: Basic

Applicant Street Address

24. **Question Ref:** Q_552
Question Type: Basic

Applicant City

25. **Question Ref:** Q_553
Question Type: Basic

Applicant State

26. **Question Ref:** Q_554
Question Type: Basic

Applicant Zip Code. (please use Zip+4 if known)

27. **Question Ref:** Q_555
Question Type: Basic

Applicant Email Address

28. **Question Ref:** Q_561
Question Type: Basic

Additional Contact Email Address

29. **Question Ref:** Q_562
Question Type: Basic

Additional Contact Phone Number. (please include area code)

30. **Question Ref:** Q_565
Question Type: Basic

Project City

31. **Question Ref:** Q_568
Question Type: Basic

Project State

32. **Question Ref:** Q_651
Question Type: Basic

Applicant Telephone Number, (please include area code)

33. **Question Ref:** Q_1603
Question Type: Basic

Was this project or a phase of this project awarded funding in CFA Round I ?

34. **Question Ref:** Q_1604
Question Type: Basic

If yes, with which agency(s)?

35. **Question Ref:** Q_1605
Question Type: Basic

If funding was received in a prior round of the CFA, indicate the amount of funding received.

36. **Question Ref:** Q_1734
Question Type: Attachment

A hard copy of the NYS DOL document, "Application for Competitively Bid Contract" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

HELP SECTION

Please download a copy of the "Application for Competitively Bid Contract" at <http://www.labor.ny.gov/CFA/application-competitively-bid-contract.pdf> . Required documents must be sent to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and Workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

37. **Question Ref:** Q_1735
Question Type: Attachment

A hard copy of the NYS DOL document, "Notice to Individuals Submitting Applications" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

HELP SECTION

Please download a copy of the "Notice to Individuals Submitting Applications" at: <http://www.labor.ny.gov/CFA/notice-to-individuals-submitting-applications.pdf> . Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

38. **Question Ref:** Q_1736
Question Type: Attachment

A hard copy of the NYS DOL document, "Responsibility Questionnaire" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

HELP SECTION

Please download a copy of the "Responsibility Questionnaire" at: <http://www.labor.ny.gov/CFA/responsibility-questionnaire.pdf> for completion. Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

39. **Question Ref:** Q_1737
Question Type: Attachment

A hard copy of the NYS DOL document, "Federal and State Certifications" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

HELP SECTION

Please download a copy of the "Federal and State Certifications" at: <http://www.labor.ny.gov/CFA/federal-and-state-certifications.pdf> for completion. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

40. **Question Ref:** Q_1738

Question Type: Attachment

A hard copy of the NYS DOL document, "Equal Employment Opportunity Staffing Plan", must be printed, completed, affixed with an original, official signature and submitted under separate cover as part of this application.

HELP SECTION

The document, "Equal Employment Opportunity Staffing Plan", may be uploaded from the following link: <http://www.labor.ny.gov/CFA/eeo100.pdf>. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

41. **Question Ref:** Q_1739

Question Type: Attachment

All applicants must submit a hard copy of the document, "MWBE Utilization Plan". This document be printed, completed, affixed with original, official signature and submitted under separate cover as part of this application.

HELP SECTION

The required document, "MWBE Utilization Plan" may be uploaded from the following location: <http://www.labor.ny.gov/CFA/mwbe100.pdf>. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

42. **Question Ref:** Q_1740
Question Type: Attachment

For any applicant who WILL NOT utilize subcontractors or suppliers, OR who feel they cannot meet MWBE goals, a hard copy of the document "Application for Waiver of MWBE Participation Goal" must be uploaded, printed, completed, affixed with original signature and submitted under separate cover.

HELP SECTION

The "Application for Waiver of MWBE Participation Goal" may be uploaded from the following link: <http://www.labor.ny.gov/CFA/mwbe101.pdf>. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

43. **Question Ref:** Q_1457
Question Type: Attachment

A hard copy of the document "General Terms and Conditions" must be printed, completed, affixed with an original signature and submitted under separate cover, as part of this application.

HELP SECTION

Please download a copy of "New York State Department of Labor General Terms and Conditions" at <http://www.labor.ny.gov/CFA/nys-department-of-labor-general-terms-and-conditions-appendix-c.pdf>. Required documents should be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

44. **Question Ref:** Q_119
Question Type: Attachment

The NYS DOL "Standard Clauses for all New York State Contracts" has been attached for informational purposes only.

HELP SECTION

Please download a copy of "Standard Clauses for All New York State Contracts" at <http://www.labor.ny.gov/CFA/standard-clauses-for-all-new-york-state-contracts-appendix-a.pdf> for reference purposes. If the application is awarded, this document will be part of the resulting contract between the applicant and NYS DOL.

45. **Question Ref:** Q_386
Question Type: Attachment

The NYS DOL "Workforce Investment Act Section 505" has been attached for informational purposes only.

HELP SECTION

Please download a copy of "Workforce Investment Act Section 505" at <http://www.labor.ny.gov/CFA/wia-section-505.pdf> for reference purposes.

46. **Question Ref:** Q_1211
Question Type: Attachment

The NYS DOL "Workforce Investment Act Section 505" has been attached for informational purposes only.

HELP SECTION

Please download a copy of "Workforce Investment Act Section 505" at <http://www.labor.ny.gov/CFA/wia-section-505.pdf> for reference purposes.

47. **Question Ref:** Q_1601
Question Type: Standard Question

List the business name(s), address(es) and contact information from whom the applicant has secured commitment(s) to consider for hire, trainees who successfully complete the proposed training.

48. **Question Ref:** Q_1742
Question Type: Standard Question

Fully describe the training which will be provided to participants under this project.

49. **Question Ref:** Q_1745

Question Type: Standard Question

Identify the sector or industry cluster to which the applicant business belongs. If the applicant is a Training Provider, please see the Help section below.

HELP SECTION

For example, health care, advanced manufacturing, clean energy, transportation, construction, etc.

For Training Providers, applying under the Unemployed Worker Training Program, please indicate the sector of the business for whom the training is being provided.

50. **Question Ref:** Q_1746

Question Type: Standard Question

Describe, identify, and document a compelling need for the proposed training, including the nature of the skills assessment performed, the results of the assessment, and the current state of the business, industry and economy that dictate the need for training; and provide full descriptions of every course.

51. **Question Ref:** Q_1452

Question Type: Standard Question

Enter your Federal Employer Identification Number (FEIN).

HELP SECTION

A Federal Employer Identification Number (also known as an **Employer Identification Number** or **EIN**) is the corporate equivalent to a [Social Security Number](#), although it is issued to anyone, including individuals, who has to pay [withholding taxes](#) on employees.

Also known as the Tax Identification Number (TIN) or the Federal Tax Identification Number, the FEIN is a unique nine-digit number assigned by the [Internal Revenue Service](#) (IRS) to business entities operating in the United States for the purposes of identification.

52. **Question Ref:** Q_1599
Question Type: Standard Question

Describe the applicant organization(s) including how long they have been in existence. Describe the scope of services offered and their past experience providing this training

53. **Question Ref:** Q_303
Question Type: Standard Question

Describe the occupational goals of the training program.

HELP SECTION

Examples of occupational goals include: promotion, leadership roles, team decision making, and increased process efficiency.

54. **Question Ref:** Q_434
Question Type: Standard Question

Identify the number of participants to be served under the proposal.

55. **Question Ref:** Q_283
Question Type: Standard Question

Are all participants to be trained 18 years old or older?

56. **Question Ref:** Q_1335
Question Type: Standard Question

In detail, describe the necessary steps, time frames, resources, method of delivery and responsibilities for implementation of the proposed training.

57. **Question Ref:** Q_1336
Question Type: Standard Question

Identify the anticipated outcomes of the program including: how proposed training will positively impact the business, the percentage of trainees who will receive an industry recognized credential or certification upon completion, a description of the credential/certification, the percentage of participants to be retained after training and the anticipated amount that wages will increase at

the conclusion of the training. If applying for the Unemployed Worker Training program, please see "Help" for further information.

HELP SECTION

If this is an application for Unemployed Worker Skills Training, describe how the training will positively impact the business(es) which has committed to considering successful trainees for hire. Identify by name, the business(es) which has made this commitment.

58. **Question Ref:** Q_1748
Question Type: Standard Question

Indicate the percentage of trainees expected to enter employment after successful completion of the training.

59. **Question Ref:** Q_437
Question Type: Standard Question

Describe the organization's experience serving the targeted populations.

60. **Question Ref:** Q_762
Question Type: Standard Question

Describe the occupational skills to be acquired and how they are transferable.

HELP SECTION

Occupational training is defined as instruction conducted in an institutional or worksite setting designed to provide individuals with or upgrade them in the technical skills and information required to perform a specific job or group of jobs. Transferable skills are recognized industry-wide or across multiple industries.

61. **Optional Question Header:**

General Certifications

- Question Ref:** Q_1037
Question Type: Certification

By entering your name in the box below, you certify and agree that you are authorized on behalf of the applicant and its governing body to commit the

applicant to comply with the requirements of Article 15-A of the New York State Executive Law: Participation By Minority Group Members and Women With Respect To State Contracts by providing opportunities for MBE/WBE participation. You further certify that the applicant will maintain such records and take such actions necessary to demonstrate such compliance throughout the completion of the project.

62. **Question Ref:** Q_1038

Question Type: Certification

By entering your name in the box below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving Assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.
