

**GRANT PROPOSAL COVER SHEET**  
**Governor's Workforce Board Workforce Innovation Grants**

**Section 1 – Lead Applicant Information**

Name of Applicant:

Address:

Contact Person / Title:

Phone:

Fax:

Email:

Business / Organization Website:

Rhode Island Employer Registration Number (Not FEIN):

Current (FY15) Innovative Partnership grant recipient: Yes \_\_\_\_ No \_\_\_\_

**Section 2 – Proposal Summary (one sentence)**

**Section 3 – Employer Partner(s)**

List all employer partners:

Total number employed by employer partners:

Total number of members of labor organization (for labor or labor-management proposals only):

**Section 4 – Training & Education Provider Partner(s)**

List all training and education provider partners:

**Section 5 – Other partner(s)**

List all other partners:

**Section 6 – Participants**

Total number of individuals to be served through this grant: \_\_\_\_

Total number of individuals to be served in the following categories:

UI recipient: \_\_\_\_

TANF recipient: \_\_\_\_

Veteran: \_\_\_\_

Ex-offender: \_\_\_\_

Disabled: \_\_\_\_

Limited English: \_\_\_\_

High school education or less: \_\_\_\_

Out-of-school youth: \_\_\_\_

Long-term unemployed (over 6 months): \_\_\_\_

Other: \_\_\_\_

**Section 7 – Funding**

Total amount of Workforce Innovation grant assistance requested: \$\_\_\_\_

**Section 8 - Certification**

(The name below must be of an individual with authority to enter into legally binding agreements on behalf of the applicant.)

If selected for award, I, the undersigned, agree to meet the requirements of the Rhode Island Job Development Fund for a grant award. I certify that all information contained in this application and proposal is true and accurate and understand that falsification of information may be cause for non-review or award revocation. I certify that the applicant organization is in compliance with all contributions; payment in lieu of contributions, interest or penalty charges due under Rhode Island unemployment law, in good standing with Workforce Regulation and Safety and has not been debarred from contracting with any agency that administers Federal funds. As an Eligible Applicant, I understand that I must be current on all Rhode Island tax obligations, must be in good standing with all divisions and programs administered by the Department of Labor and Training and must not have been debarred (prohibited) from contracting with an agency that administers federal funds. I understand that I have acquired no property or other right by virtue of submitting this application. If awarded, I agree to comply with the terms and provisions of this proposal.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_