

Part 1 - FRO R4 Application

APPLICANT ORGANIZATIONAL INFORMATION

 Organization Name

 Alternate Business Name/DBA of Applying Organization (if applicable)

 Organization Entity Type

Select one.

- Nonprofit Community or Cultural Organization
- Public School/School District
- Higher Education Institution
- Industry, Trade, or Workforce Organization
- Government agency
- Other, please specify: _____

 Employer ID Number (EIN)


 Does Organization have an Oregon Department of Revenue Vendor Number?

Applicants are not required to have this vendor number. Organizations that have done previous business with the State of Oregon have a vendor number. If your organization has never done business with the State, one will be issued during the grant award process.

- No
- Yes - provide number _____

 Did the Organization receive a prior BOLI Future Ready Oregon grant?

- No
- Yes - Which Round(s) 1, 2, or 3? _____


 As a previous BOLI FRO grant awardee, were you or will you be successful in achieving all of the activities and outcomes, including budget expenditures, described in your approved application?

Include a brief description of :Key grant successes - expected and unexpected. If all grant goals were not met, describe the primary challenges encountered that prevented your success. Responses are limited to 250 words.

 Organization Physical Address

 City

 State

 Zip Code

 **Primary Contact For This Application**

 Primary Contact Title

 Primary Contact Email

 Primary Contact Phone

 **Project Industry**

Choose one.

- Healthcare
- Manufacturing
- Construction

 **Program Type**

Choose one.

- Registered Pre-Apprenticeship Training Program (PATP)
- Registered Apprenticeship Program (RAP)

 **Program Type**


Choose one.

- Registered Pre-Apprenticeship Training Program (PATP)

 **Project Intent**

Choose one.

- Expand Existing Program
- Create New Program

 **Please provide a short summary of your program's most recent *annual* enrollment metrics. How many individuals did you recruit, enroll, and graduate during this period? Please include demographic information such as ethnicity, gender and location (counties).**


Responses are limited to 250 words.

 **Project Occupation Title(s)**

*Provide the name(s) of the occupation(s) related to the training program you are creating or expanding. Click **HERE** to see a list of existing apprenticeable occupations.*

 **What is the average Oregon wage for the above occupation(s)?**

Please use this format \$XX/hour

 **What State or Federal Occupational Standards is associated with the above occupation(s), if known?**

*Links to Apprenticeship Occupational Standards: **State** / **Federal** Please indicate if the project is proposing to create a new State or Federal occupational standard.*

Project Engagement Counties

Check all counties where outreach and services will be provided.

- Baker County
- Benton County
- Clackamas County
- Clatsop County
- Columbia County
- Coos County
- Crook County
- Curry County
- Deschutes County
- Douglas County
- Gilliam County
- Grant County
- Harney County
- Hood River County
- Jackson County
- Jefferson County
- Josephine County
- Klamath County
- Lake County
- Lane County
- Lincoln County
- Linn County
- Malheur County
- Marion County
- Morrow County
- Multnomah County
- Polk County
- Sherman County
- Tillamook County
- Umatilla County
- Union County
- Wallowa County
- Wasco County
- Washington County
- Wheeler County
- Yamhill County

 **Number of Participants to be Enrolled in Program**

How many participants will you enroll in your program during the grant period?

 **Number of Participants to Complete the Program**

How many participants will graduate from the program during the grant period?

Priority Populations to be Served

Which priority population(s) does your organization plan to provide direct and intentional recruitment and support to within the scope of the proposed project/program? (check all that apply)


- Communities of Color
- Women
- Low income communities
- Rural and frontier communities
- Veterans
- Individuals with Disabilities

- Members of Oregon's nine federally recognized Indian tribes
- Individuals who disproportionately experience discrimination in employment on the basis of age
- Individuals who identify as members of the LGBTQ+ community
- Incarcerated and formerly incarcerated individuals

 **Budget Request by Category**

Please provide the project amount for each of the budget categories listed below. If you are invited to submit a Part 2 application, you will be required to submit a more detailed budget that shows the content of each of these categories.

	Budget Category Amount:	Optional Comments
Personnel	_____	_____
Fringe Benefits	_____	_____
Contractual/Consultant Services	_____	_____
Training/Program Equipment	_____	_____
Training/Program Supplies	_____	_____
Student Support Services	_____	_____
Other	_____	_____

 **WHAT: Describe your project. What will you do? What will you create or expand? ✓ EC Scored**

Describe the overall goal of your project and key outcomes. Responses are limited to 300 words.

 **HOW: What are your project's primary activities and outcomes? ✓ EC Scored**


Describe what you are planning to do with grant funds. How will success be measured? How will you successfully engage the selected targeted priority populations? Responses are limited to 300 words.

 **WHY: What unmet workforce need does this project meet in the communities you plan to serve? ✓ EC Scored**

Describe why this project is needed in the geographic area(s) and/or the priority populations you plan to serve. What workforce gap is it filling? Responses are limited to 300 words.

 **Name key project partners (if any)**

Name the key partners critical to your project. If creating a Pre-Apprenticeship Training Program, also provide the name of the Registered Apprenticeship Program that you will partner with. In none, say so. If you are invited to submit Part 2 of this application, you will be required to upload signed Letters of Support or MOU's from these partners.

 **Please indicate which Oregon State Apprenticeship and Training Council (OSATC) meeting you anticipate having your program creation or expansion reviewed and approved.**

For more information about OSATC and related meetings, click [here](#).

- Q1 – March 14, 2024 (submission deadline January 19, 2024)
- Q2 – June 13, 2024 (submission deadline April 19, 2024)
- Q3 – September 12, 2024 (submission deadline July 19, 2024)
- Q4 – December 12, 2024 (submission deadline October 18, 2024)

Other, please specify: _____

After reasonable inquiry and to the best of Applicant's knowledge, does the Applicant and its application related training agents and/or employers (if any) have all required applicable licenses and are registered and in good standing with the State of Oregon?

If answering no, please provide an explanation.

Yes

No _____

After reasonable inquiry and to the best of Applicant's knowledge, has the Applicant and its application related training agents and/or employers (if any) had any BOLI or OSHA related complaints within the past 5 years?

If answering yes, please provide an explanation.

No

Yes _____

Does the Organization have a Board of Directors or Trustees?

No

Yes



Application Part 1: Submission Instructions Please Read

*In this application portal, Part 1 of your Application is a TASK that needs to be completed AND submitted. Once you are finished completing your application and it is ready to submit, click the "MARK AS COMPLETE TASK" and then click the "COMPLETE TASK" button. A new prompt will then appear asking if you are ready to "SUBMIT" your application. If you are, click the "SUBMIT" button. An additional prompt will appear confirming your intent to submit your application. **Once the final "SUBMIT" button is clicked, your application will be submitted and you will not be able to edit your application.** Note that the person who created the application is the person who has the permission to "SUBMIT" the application. Although application collaborators can edit the application, they cannot submit it. This application (FRO Round 4 Part 1) must be successfully **SUBMITTED** by 11:59 PM (PST) on October 6, 2023 to be considered for funding. No exceptions will be made. It is recommended that you do not wait until the last minute to submit your application in case there are technical difficulties. **You will receive an automated email once the application has been successfully submitted.** BOLI reserves the right to confirm all factual information presented in this application.*