State of Oregon

FUTURE READY OREGON

WORKFORCE READY GRANTS

Round Two: Innovation in Workforce Programs

Request for Applications

HECC # 22-072

OregonBuys # S-52500- 00006139

Date of Issue:	April 10, 2023
Application Due Date:	June 23, 2023, 11:59 p.m. Pacific Time
Award Announcement:	October, 2023

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For questions, clarifications, or if you need this material in a different format, please contact the Future Ready Oregon team at FutureReadyOregon@hecc.oregon.gov

1. INTRODUCTION AND OVERVIEW

The State of Oregon, acting by and through the Higher Education Coordinating Commission ("HECC"), is issuing this Request for Applications ("RFA") on behalf of the Office of the Executive Director.

The State of Oregon has committed to supporting the educational and training needs of Oregonians through the establishment of Future Ready Oregon, also known as Senate Bill ("SB") 1545 (2022). Future Ready Oregon is a comprehensive $200M investment package that supports the education and training Oregonians need for family-wage careers, prioritizing historically underserved communities.

Workforce Ready Grants are one component of Future Ready Oregon and represent a total investment of $95M. Workforce Ready Grants will be made available to workforce service providers and community-based organizations that administer workforce programs in the health care, manufacturing, and technology industry sectors and prioritize equitable program participation by individuals from priority populations.

Workforce Ready Grants are being made available for application in phases. This application process is a part of Phase Two.

2. GRANT OPPORTUNITY AND PURPOSE

This RFA is for Round Two of Workforce Ready Grants. In Round One, HECC awarded $10 million in Capacity Building Grants. Round Two Grants will fund organizational investments and strategic partnerships and can be referred to as Innovation in Workforce Programs grants. Round Two grants are intended to broaden the type, number, and capacity of organizations that comprise Oregon's workforce system. By expanding representation in the workforce system, HECC hopes to increase the availability and usage of culturally and linguistically appropriate workforce services. Round Two Grants will fund new, innovative, and collaborative workforce development programming that centers the needs of the priority populations as defined in SB 1545 section 1(8)a-j:

(a) Communities of color;
(b) Women;
(c) Low-income communities;
(d) Rural and frontier communities;
(e) Veterans;
(f) Persons with disabilities;
(g) Incarcerated and formerly incarcerated individuals;
(h) Members of Oregon's nine federally recognized Indian tribes;
(i) Individuals who disproportionately experience discrimination in employment on the basis of age; and

(j) Individuals who identify as members of the LGBTQ+ community.

Round Two Grant funds can be used for the following activities to address workforce development needs in health care, manufacturing, and/or technology industry sectors:

- **Provide direct benefits to individuals, including**
  - Providing paid work experience, including stipends and wages
  - Offering tuition and fee assistance for workforce programs
  - Providing wraparound workforce development services

- **Fund the creation and expansion of education and training programs, including Developing culturally and linguistically specific career pathways for obtaining certificates, credentials or degrees recognized by targeted industry sectors**
- **Expand the capacity of organizations to provide workforce development services (including but not limited to)**
  - Hiring staff or contracting for services
  - Development strategies around workforce programs including program development
  - Purchasing equipment, technology, or other supplies
  - Paying for administrative costs
  - Any other activities necessary to increase the organization's capacity to provide workforce programs in the health care, manufacturing, and technology industry sectors

The allowable cost period for the Round 2 Workforce Ready project activities will be July 1, 2023, to June 30, 2026.

Applying for or receiving funds in Round Two will not impact an applicant's ability or need to apply for future rounds of funding.

3. RFA SCHEDULE

The table below represents a tentative schedule of events for this RFA. All times are listed in Pacific Time. All dates listed are subject to change.

Description	Date	Time
RFA Issuance	April 10, 2023	
Optional Application Coaching and Guidance available through the Technical Assistance providers described in Section 7 below	April 10, 2023, to June 23, 2023	

Optional Information Sessions for Potential Applicants	Monday, April 17th, 2023	1:00 p.m. to 2:00 p.m. (see Section 7 below)
	Tuesday, April 25th, 2023	4:00 p.m. to 5:00 p.m. (see Section 7 below)
	Wednesday, May 3rd , 2023	1:00 p.m. to 2:00 p.m. (see Section 7 below)
	Wednesday, May 10th, 2023	4:30 p.m. to 5:30 p.m. (see Section 7 below)
Application Due Prior to	**June 23rd, 2023**	**11:59 p.m.**
Notice of Award (approximate)	August, 2023	
Issuance of Grant Agreement (approximate)	October, 2023	

4. COMMITMENT TO EQUITY, DIVERSITY, AND INCLUSION

Individuals within a community, and communities within a larger society, need the ability to shape their own present and future, and the HECC believes that workforce development and education are fundamental aspects of Oregon's ability to thrive. Equity is both the means to success and an end that benefits us all. Equity requires the intentional examination of systemic policies and practices that, even if they have the appearance of fairness, may in effect serve to marginalize some and perpetuate disparities. The data is clear that Oregon demographics have been changing to provide rich diversity in race, ethnicity, and language. Working toward equity requires an understanding of historical contexts and the active investment in changing social structures and practice over time to ensure that individuals from all communities have the opportunities and support to realize their full potential.

Creating a culture of equity requires monitoring, encouragement, resources, data, and opportunity. The HECC applies its Equity Lens (https://www.oregon.gov/highered/about/Documents/State-Goals/Equity-Lens.pdf) to all aspects of its work. Additionally, Future Ready Oregon as a concept, originated in the Racial Justice Council's Workforce Workgroup, with the intent to do things differently. That means investing differently, encouraging innovation, and intentionally bringing new partners into our workforce system. Future Ready Oregon also places an emphasis on serving priority populations which include, but is not limited to, communities of color, women, low-income communities, rural and frontier communities, veterans, persons with disabilities, incarcerated and formerly incarcerated individuals, members of Oregon's nine federally recognized Indian tribes, older adults and individuals who identify as members of the LGBTQ+ community.

HECC has worked to operationalize the spirit of Future Ready Oregon and our commitment to

diversity, equity and inclusion in this grant making process through the following actions:

- Consulting with partners to inform our planning in an effort to develop an inclusive, low barrier grant process.
- Focusing the first round of funding on capacity building grants to enable a more diverse group of organizations the time and funding to plan and prepare for future workforce development activities and funding opportunities.
- Hosting a series of information sessions designed to provide potential applicants an opportunity to ask questions and receive guidance (see Section 7 below for more information)
- Contracting with Technical Assistance providers to provide potential applicants technical assistance and coaching through the funding application process (see Section 7 below for more information)
- Prioritizing priority populations in the scoring criteria (see Section 7 below for more information)
- Soliciting engagement in the scoring process from a diverse mixture of organizations, entities, and partners
- Providing funding upfront to applicants that demonstrate a need for immediate funds (see Section 6 below, and Attachment B, for more information)

5. GENERAL APPLICATION GUIDELINES

Eligible applicants must be either a workforce service provider or a community-based organization. Please feel free to reference the FAQ guide, section **Eligible Applicants** for further clarification about eligible entity types.

FAQ available on the HECC Grants and Contracts Website:

https://www.oregon.gov/highered/about/Pages/grants-contracting.aspx

All applicants must:

- be registered with SAM.Gov and have an UEI
    - https://sam.gov/content/home
- have an EIN through the IRS
    - https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online

Workforce service providers include:

- nonprofit and public workforce education, training, and career services providers
- governmental entities including Tribal Governments that provide workforce development services

Community-based organizations include:

- nonprofit organizations that are representative of a particular community or specific segments of a community and are located within or in close proximity to the community they serve
- culturally-specific organizations who serve a particular cultural community, are primarily staffed and led by members of that community and demonstrate intimate knowledge of the lived experience of that community, including, but not limited to:
    - The impact of racism or discrimination on the community
    - Specific disparities in access to services and resources experienced by the community
    - Community strengths, cultural practices, beliefs and traditions

General Applicant Terms:

- HECC may require clarification to understand any of the applicant's scored criteria. Any necessary clarifications or modifications will be made before executing any award and may become part of the final Agreement.
- Submission of an Application does not constitute an agreement between the HECC and applicant, nor does it secure or imply that applicant will be selected to receive funding.
- All costs associated with applicant's submission of an application are the sole responsibility of the applicant and shall not be borne by HECC or the State of Oregon.
- By applying, applicant accepts all the terms and conditions of this RFA. No Grant Funds will be released prior to all program conditions being met and funding agreements executed.

6. GRANT AGREEMENT REQUIREMENTS AND FUNDING INFORMATION

- HECC anticipates awarding numerous Grant Agreements.
- The Grant Funds are federal funds from the American Rescue Plan Act or ARPA. A draft of the reporting requirements is included in Appendix E.
- HECC reserves the right to reopen the RFA as necessary, as it deems in its best interest.
- HECC reserves the right to amend agreements resulting from this RFA for additional time and/or funds, if in HECC's best interest to do so.

HECC may disburse awards upon execution of Grant Agreements, if articulated as a need by the Grantee in their application and if HECC's best interest to do so.

Reporting Requirements:

All Grant recipients will be required to provide quarterly performance and financial reporting as well as final, Grant close out reporting to Grant administrators at HECC. Please review Appendix E for a draft of the reporting requirements that may be included in the Grant Agreements. Quarterly reporting may include:

- Invoices – invoices must utilize a HECC provided template and budget categories and include a description of the funds used and work completed on a quarterly basis. Invoices will include an option for Grantee to request funding disbursements for the immediate next quarter.
- Fiscal Reconciliation – at the close of each quarter grantee must provide documentation to report how funds were expended from any funds that were provided in an up-front disbursement.
- Performance Reporting – answer qualitative questions related to program implementation.
- Participant Reporting – collect person-level information for each program participant related to demographic information, services, credentials earned, and outcomes known by the program.

Please see below for a sample reporting calendar:

Qtr 1	Qtr 2	Qtr 3	Qtr 4
Dec – Jan – Feb	**Mar – Apr – May**	**June – July – Aug**	**Sep – Oct – Nov**
Due March 31st	**Due June 30th**	**Due September 30th**	**Due December 31st**

Allowable Uses for Grant Funds:

Applicants shall provide a budget estimate for funding that details the following Allowable Costs:

- Fund the creation or expansion of education and training programs in the key sectors of healthcare, manufacturing, and technology
- Provide direct benefits to individuals, including stipends for "earn and learn" experiences, and funding to pay for education, training costs, and wraparound supports and services
- Expand the organizational capacity to provide workforce development services

These Round Two Grant funds are for the above-described Allowable Costs from the period of July 1, 2023, to June 30, 2026.

7. SUBMISSION

Resources Prior to Submission:

HECC will hold four optional Information Sessions for Potential Applicants. Attendees can expect to hear background information on Future Ready Oregon, learn more about the purpose of these Grants and how an organization's application will be scored. Attendees can ask clarifying questions about the application process and the Future Ready Oregon Program. Subject to technology limitations, HECC will post recordings of the sessions alongside the RFA on the HECC Grant and Contracting Opportunities webpage (https://www.oregon.gov/highered/about/pages/grants-contracting.aspx) as well as the Future Ready Oregon webpage (https://www.oregon.gov/highered/policy-collaboration/Pages/Future-Ready.aspx).

The optional Information Session dates and times are as follows:

- Session #1 Monday, April 17th 1:00PM – 2:00 PM
- Session #2 Tuesday, April 25th 4:00 PM – 5:00 PM
- Session #4 Wednesday, May 3rd 1:00 PM – 2:00 PM
- Session #5 Wednesday, May 10th 4:30 PM – 5:30 PM

  Register* for sessions on the Future Ready Oregon webpage:
  https://www.oregon.gov/highered/policy-collaboration/Pages/Future-Ready.aspx
  *Once registered, an email with the link to the meeting will be sent to you. Email FutureReadyOregon@hecc.oregon.gov if you do not receive this link.

HECC has contracted with the below-named contractors to provide potential applicants coaching and technical assistance through the RFA process. Potential applicants can expect to receive assistance and guidance in determining their eligibility and in preparing their applications from the Technical Assistance Providers.

This service is being made available to all potential applicants at no cost. To access this service please call or email one of the following options (they are not listed in any particular order):

Boules Consulting
https://boulesconsulting.org/
Marianne Boules
marianne@Boulesconsulting.org
818-599-2692

Grass Roots NW
https://www.grassrootsnw.com/
Bill Weissman
grassrootsnw@comcast.net
503-422-2502

Next Level Nonprofit Consulting LLC
https://nextlevelnonprofitconsulting.com/
Ann Craig ann@nextlevelnonprofitconsulting.com 541-829-1850
Lynn Egli lynn@nextlevelnonprofitconsulting.com 541-760-5435

Nonprofit Success Group
https://npsuccessgroup.com/
Nita Kirby kirby@nonprofitsuccessgroup.com
Robin Ortiz robin@nonprofitsuccessgroup.com

Se Puede
https://www.sepuedepdx.com/
Andrés Oswill
Andres@sepuedepdx.com

Wisdom Consulting
Jennifer Wisdom
jennifer@leadwithwisdom.com

Submission Requirements:
All Applications shall be submitted via the web-based Application found here: https://oregonhecc.smapply.us/prog/workforce_ready_grants_round_two_innovation_in_workforce_programs

Submissions received after June 23, 2023, at 11:59 p.m. Pacific Time may not be accepted.

8. EVALUATION CRITERIA

The following scoring rubric will be used to evaluate Applicant's response to all question prompts:

Workforce Ready Grants Round Two Scoring Rubric	
5 Outstanding	• Response fully addresses all question prompts and provides information in a thorough and complete manner and provides specific details and examples. • Response indicates the Applicant has a complete understanding of the prompts included in the question. • Response demonstrates the applicant possesses the capacity, expertise, and/or strengths to meet or exceed the expectations set forth in the project plan related to this prompt.
4 Above Average	• Response addresses all question prompts, some more thoroughly than others, and provides specific details and examples. • Response indicates the Applicant understands the prompts included in the question. • Response demonstrates the applicant possesses sufficient capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.
3 Average	• Response addresses most question prompts, provides adequate information, and uses some details and examples to support their response to the question. • Response indicates the Applicant understands the prompts included in the question. • Response demonstrates that this applicant possesses some capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.

2 Below Average	• Response addresses a few question prompts, provides some relevant information, and uses few details or examples to support their response to the question. • Response indicates the Applicant may not understand the prompts included in the question. • Response demonstrates the applicant possesses limited capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.
1 Inadequate	• Response addresses none or very few question prompts, provides little or no information, and uses no details and examples to support their response to the question. • Response indicates the Applicant does not understand the prompts included in the question. • Response demonstrates the applicant does not possess the capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.

Evaluation Item #1: Organization Description and Capacity (suggested 300 words max) 13 points

A. Please address the following prompts in your response:

1. Briefly describe your organization and explain its experience and effectiveness in providing workforce development opportunities to individuals from priority populations.
2. Provide evidence of capacity to deliver the proposed project/program.
3. What role do your participants play in the design, decision making, and evaluation of program services?

Evaluation Item #2: Partnerships (suggested 500 words max) 20 points

List the key partner organization(s) that will be directly involved in the proposed project/program and for each key partner, please answer the following prompts:

a. For each organization, please describe their unique contribution(s) and role in preparing this application, grant administration, grant management, budget/fiscal oversight, project/program activities, service delivery, and any other proposed function of this project/program.
b. For each organization, please provide a brief description of the organization and explain their experience and effectiveness in providing workforce development opportunities to individuals from priority populations.
c. For each organization, please provide evidence of their capacity to deliver the proposed project/program.

d. Please describe how each organization will contribute to the project/program's ability to identify, engage, and/or serve participants, increasing accessibility for priority populations to workforce programs and opportunities.
e. Differentiate historic partnerships from partnerships proposed for this specific project/program.

Which of these entities will you engage and collaborate with on this proposed project/program to increase accessibility for priority populations to workforce programs and opportunities? *(Check all that apply)*

□ Workforce service providers
□ Community-based and culturally specific organizations
□ Kindergarten through grade 12 schools
□ Community colleges
□ Universities
□ Education and training partners other than K-12, community colleges, universities
□ Local workforce development boards
□ Economic development organizations
□ Private sector business and employer partners
□ Industry associations
□ Oregon's nine federally recognized tribes□ Other (please specify)
_____

Evaluation Item #3: Cultural Competency (suggested 500 words max) 20 points

Please address the following prompts in your response:

a. For each organization involved in the implementation of the proposed project/program please describe the experience they have in serving individuals from the priority population(s) identified in Question #4.
b. For each organization involved in the implementation of the proposed project/program please describe how the staff, board members, and contractors – particularly individuals providing direct service – are reflective of the individuals and/or communities served? What lived experience, qualities and/or training give them the ability to work effectively with the priority population(s) identified in Question #4?
c. Please address any organizational capacity across the identified partnership to provide services to participants in multiple languages.

Evaluation Item #4: New and Innovative Programming (suggested 500 words max) 20 points

Please address the following prompts in your response:

a. Briefly describe the proposed project/program.
b. Please indicate what is new and innovative about your proposed project/program or approach.

c. Describe how your organization and key partners propose to advance equitable workforce education and training opportunities.
d. Describe how the proposed project/program intends to engage with employers in the targeted industry sector(s).
e. Identify the number of participants you expect to serve through this proposed project/program.
f. Indicate the timeline for implementation and identify major project milestones.

Which of following activities will be included as part of the proposed project/program? *(check all that apply)*

□ Fund the creation or expansion of education and training programs in the key sectors of healthcare, manufacturing, and technology by performing the following:

□ Developing culturally and linguistically specific career pathways for obtaining certificates, credentials or degrees recognized by targeted industry sectors
□ Purchasing equipment or other training-related supplies
□ Other (please specify): _____

□ Provide direct benefits to individuals, including stipends for earn and learn experiences and funding to pay for education, training costs, and wraparound supports and services (*check all that apply*):

□ Providing paid work experience, including stipends and wages
□ Offering tuition and/or fee assistance for workforce education and training programs
□ Providing wraparound supports and services for workforce education and training participants, including but not limited to: childcare, transportation, housing, technology, clothing and/or equipment needed to be successful on the job or in the training program.
□ Other (please specify): _____

□ Expand the organizational capacity to provide these workforce development services (*check all that apply*):

□ Hiring staff
□ Developing organizational development strategies
□ Purchasing equipment or other training-related supplies
□ Other activities identified in a grant proposal as necessary to administer workforce programs described in the New and Innovative Programming section (please specify): _____

Evaluation Item #5: Program Benefit to Participants (suggested 300 words max) 13 points

Please address the following prompts in your response:

a. At the end of the application, you will be required to upload a project plan with specific activities. Please address how these activities contribute to the success of participants.
b. Identify the industry-recognized certificate(s) or credential(s) that will prepare participants to obtain living-wage jobs with benefits. Include any short-term pathways to employment, self-sufficient earning potential, and opportunities for economic mobility.
c. Identify any direct support services, incentives or other payments that will be provided to address financial needs of participants and support retention and successful program completion.

Evaluation Item #6: Culturally Responsive Training (suggested 300 words max) 14 points

Please address the following prompts in your response:

a. Identify how your proposed services and activities will address the needs of the Priority Population(s) served, with attention to barriers and disparities faced by these individuals.
b. Indicate if these services and activities are based on or aligned with promising practices, evidence-based practices, and/or cultural practices, or otherwise designed for the Priority Populations served.
c. How does the program ensure safe, affirming, and inclusive spaces for all participants?

Total: 100 Points

Miscellaneous Evaluation Information

Evaluation of applications are based on the criteria in this RFA. In appropriate circumstances, HECC reserves the right to partially fund applications in discrete portions or phases of the overall proposed work. If HECC chooses to partially fund an application, it will do so in a manner that does not prejudice any applicants or affect the basis upon which the application, or portion thereof, was evaluated and selected for award, and therefore maintains the integrity of the competition and selection process. Funding applications through this RFA does not guarantee future funding. When, or if, additional funding becomes available, HECC reserves the right to issue additional awards under this RFA through the remainder of the biennium. These awards will not require further competition. Any additional selections will be made in accordance with the terms of this RFA and HECC.

HECC at any point reserves the right to reopen the RFA as necessary or may solicit programs if it is in the best interest of HECC.

9. PUBLIC RECORDS

All information and records submitted to the HECC are subject to disclosure under the Public Records Law, ORS 192.311 to 192.478. If Applicant believes that any information or records it submits to the HECC may be a trade secret under ORS 192.345(2), or otherwise is exempt from disclosure under the Oregon Public Records Law, Applicant must identify such information with particularity and include the following statement:

- "This data is exempt from disclosure under the Oregon Public Records Law pursuant to ORS chapter 192[insert] and is not to be disclosed except in accordance with the Oregon Public Records Law, ORS 192.311 through 192.478."
- If Applicant fails to identify with particularity the portions of such information that Applicant believes are exempt from disclosure, Applicant is deemed to waive any future claim of non-disclosure of that information.

10. LIST OF ATTACHMENTS TO THIS RFA:

- Attachment A: Link to Workforce Ready Round Two Grant Application
- Attachment B: Project Budget
- Attachment C: Application Certification Sheet
- Attachment D: Draft Reporting Requirements
- Attachment E: Draft Background check and Insurance requirements
- Attachment F: Draft Participant Level Submission Template
- Attachment G: Project Performance Plan Template (45 days after signing)
- Attachment H: Annual Reporting Template (July 15)
- Attachment I: Project Plan

FUTURE READY OREGON
WORKFORCE READY GRANTS
Round Two: Innovation in Workforce Programs

ATTACHMENT A
LINK TO WORKFORCE READY GRANT APPLICATION

Please click on the following link to access the web-based Application:
https://oregonhecc.smapply.us/prog/workforce_ready_grants_round_two_innovation_in_workforce_programs_

The questions below are being provided as a preview only so that applicants know what questions are asked. Applicants MUST submit their information and answers through the above link.

Preview of Questions:

Legal Applicant Name of Applying Organization:	
Alternate Business Name/DBA of Applying Organization if applicable:	
Unique Entity Identifier (UEI) or if not available your Employer Identification Number (EIN):	
Physical Address (City, State, County, Zip)	
Are proposed services taking place in the county listed in the previous question?	
If not, please check all counties where services will take place:	
Primary Contact for the Application:	
Email Address:	
Phone:	
Program Manager Contact:	
Email Address:	
Phone:	
Fiscal Manager Contact:	
Email Address:	
Phone:	
Grant Agreement Signing Authority:	
Title:	
Email Address:	
Phone:	

FUTURE READY OREGON
WORKFORCE READY GRANTS
Round Two: Innovation in Workforce Programs

The Workforce Ready Round 2 applications will be scored utilizing the following scoring rubric:

Workforce Ready Grants Round Two Scoring Rubric	
5 Outstanding	• Response fully addresses all question prompts and provides information in a thorough and complete manner and provides specific details and examples. • Response indicates the Applicant has a complete understanding of the prompts included in the question. • Response demonstrates the applicant possesses the capacity, expertise, and/or strengths to meet or exceed the expectations set forth in the project plan related to this prompt.
4 Above Average	• Response addresses all question prompts, some more thoroughly than others, and provides specific details and examples. • Response indicates the Applicant understands the prompts included in the question. • Response demonstrates the applicant possesses sufficient capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.
3 Average	• Response addresses most question prompts, provides adequate information, and uses some details and examples to support their response to the question. • Response indicates the Applicant understands the prompts included in the question. • Response demonstrates that this applicant possesses some capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.
2 Below Average	• Response addresses a few question prompts, provides some relevant information, and uses few details or examples to support their response to the question. • Response indicates the Applicant may not understand the prompts in the question. • Response demonstrates the applicant possesses limited capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.
1 Inadequate	• Response addresses none or very few question prompts, provides little or no information, and uses no details and examples to support their response to the question. • Response indicates the Applicant does not understand the prompts in the question. • Response demonstrates the applicant does not possess the capacity, expertise, and/or strengths to meet the expectations set forth in the project plan related to this prompt.

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Note: This funding opportunity is available to workforce service providers and community-based organizations that administer workforce programs in the health care, manufacturing, and technology industry sectors and that prioritize equitable program participation by individuals from priority populations.

1. Please indicate which type of eligible applicant you are, based on the following definitions:

Workforce Service Provider:
This includes nonprofit and public workforce education, training, and career services providers and governmental entities including Tribal Governments that provide workforce development services.

Community-based Organization:
This includes nonprofit organizations that are representative of a particular community or specific segments of a community and are located within or in close proximity to the community they serve and culturally-specific organizations. Culturally-specific organizations serve a particular cultural community, are primarily staffed and led by members of that community and demonstrate intimate knowledge of the lived experience of that community, including, but not limited to:

- The impact of racism or discrimination on the community
- Specific disparities in access to services and resources experienced by the community
- Community strengths, cultural practices, beliefs and traditions

Feel free to reference the FAQ section on applicant eligibility as a resource.
FAQ Document located on HECC Grants and Contracts:
https://www.oregon.gov/highered/about/Pages/grants-contracting.aspx

□ Workforce Service Provider
□ Community-Based Organization

2. Briefly explain how your organization meets the definition of the eligible applicant type you selected (suggested 100 words max):

3. Identify the industry sector(s) whose workforce needs are addressed by your proposed project/program:

☐ Health Care
☐ Manufacturing
☐ Technology

4. Which priority population(s) does your organization plan to provide direct and intentional support to within the scope of the proposed project/program? *(check all that apply)*
☐ Communities of color
☐ Women
☐ Low-income communities
☐ Veterans
☐ Persons with disabilities
☐ Incarcerated and formerly incarcerated individuals
☐ Members of Oregon's nine federally recognized Indian tribes
☐ Older adults
☐ Individuals who identify as members of the LGBTQ+ community
☐ Rural and frontier communities

Evaluation Item #1: Organization Description and Capacity (suggested 300 words max)

Please address the following prompts in your response:

- Briefly describe your organization and explain its experience and effectiveness in providing workforce development opportunities to individuals from priority populations.
- Provide evidence of capacity to deliver the proposed project/program.
- What role do your participants play in the design, decision making, and evaluation of program services?

Evaluation Item #2: Partnerships (suggested 500 words max)

List the key partner organization(s) that will be directly involved in the proposed project/program and for each key partner, please answer the following prompts:

- For each organization, please describe their unique contribution(s) and role in preparing this application, grant administration, grant management,

budget/fiscal oversight, project/program activities, service delivery, and any other proposed function of this project/program.
- For each organization, please provide a brief description of the organization and explain their experience and effectiveness in providing workforce development opportunities to individuals from priority populations.
- For each organization, please provide evidence of their capacity to deliver the proposed project/program.
- Please describe how each organization will contribute to the project/program's ability to identify, engage, and/or serve participants, increasing accessibility for priority populations to workforce programs and opportunities.
- Differentiate historic partnerships from partnerships proposed for this specific project/program.

Which of these entities will you engage and collaborate with on this proposed project/program to increase accessibility for priority populations to workforce programs and opportunities? *(Check all that apply)*

- ☐ Workforce service providers
- ☐ Community-based and culturally specific organizations
- ☐ Kindergarten through grade 12 schools
- ☐ Community colleges
- ☐ Universities
- ☐ Education and training partners other than K-12, community colleges, universities
- ☐ Local workforce development boards
- ☐ Economic development organizations
- ☐ Private sector business and employer partners
- ☐ Industry associations
- ☐ Oregon's nine federally recognized tribes
- ☐ Other (please specify) _____

Evaluation Item #3: Cultural Competency (suggested 500 words max)

Please address the following prompts in your response:

- For each organization involved in the implementation of the proposed project/program please describe the experience they have in serving individuals from the priority population(s) identified in Question 4.
- For each organization involved in the implementation of the proposed project/program please describe how the staff, board members, and contractors – particularly individuals providing direct service – are reflective of the individuals and/or communities served? What lived experience, qualities and/or training give

them the ability to work effectively with the priority population(s) identified in Question 4?
- Please address any organizational capacity across the identified partnership to provide services to participants in multiple languages.

Evaluation Item #4: New and Innovative Programming (suggested 500 words max)

Please address the following prompts in your response:
- Briefly describe the proposed project/program.
- Please indicate what is new and innovative about your proposed project/program or approach.
- Describe how your organization and key partners propose to advance equitable workforce education and training opportunities.
- Describe how the proposed project/program intends to engage with employers in the targeted industry sector(s).
- Identify the number of participants you expect to serve through this proposed project/program.
- Indicate the timeline for implementation and identify major project milestones.

Which of following activities will be included as part of the proposed project/program? *(check all that apply)*

□ Fund the creation or expansion of education and training programs in the key sectors of healthcare, manufacturing, and technology
- □ Developing culturally and linguistically specific career pathways for obtaining certificates, credentials or degrees recognized by targeted industry sectors
- □ Purchasing equipment or other training-related supplies
- □ Other (please specify):_____

□ Provide direct benefits to individuals, including stipends for earn and learn experiences and funding to pay for education, training costs, and wraparound supports and services
- □ Providing paid work experience, including stipends and wages
- □ Offering tuition and/or fee assistance for workforce education and training programs
- □ Providing wraparound supports and services for workforce education and training participants, including but not limited to: childcare, transportation, housing, technology, clothing and/or equipment needed to be successful on the job or in the training program.
- □ Other (please specify): _____

□ Expand the organizational capacity to provide workforce development services

- ☐ Hiring staff
- ☐ Developing organizational development strategies
- ☐ Purchasing equipment or other training-related supplies
- ☐ Other activities identified in a grant proposal as necessary to administer workforce programs described in the New and Innovative Programming section (please specify): _____

Evaluation Item #5: Program Benefit to Participants (suggested 300 words max)

Please address the following prompts in your response:

- At the end of the application, you will be required to upload a project plan with specific activities. Please address how these activities contribute to the success of participants.
- Identify the industry-recognized certificate(s) or credential(s) that will prepare participants to obtain living-wage jobs with benefits in the targeted industry sector(s). Include any short-term pathways to employment, self-sufficient earning potential, and opportunities for economic mobility.
- Identify any direct support services, incentives or other payments that will be provided to address financial needs of participants and support retention and successful program completion.

Evaluation Item #6: Culturally Responsive Training (suggested 300 words max)

Please address the following prompts in your response:

- Identify how your proposed services and activities will address the needs of the Priority Population(s) served, with attention to barriers and disparities faced by these individuals.
- Indicate if these services and activities are based on or aligned with promising practices, evidence-based practices, and/or cultural practices, or otherwise designed for the Priority Populations served.
- How does the program ensure safe, affirming, and inclusive spaces for all participants?

5. Upload any documents showing a formal partnership agreement between the key partners identified in this application, such as MOUs or Letters of Intent. Uploaded documents must be in a PDF format as a single file.

Note: Uploaded documents will not be factored into the score for your application.

6. Regarding your project budget, please list any additional funding sources, including state, federal, private sector, or philanthropic contributions that will be leveraged for this project.
_____ State Funds
_____Federal Funds
_____Private Funds
_____Philanthropic
_____Other: Please describe
_____Amount of Future Ready Oregon Funds your organization has received and whether the funds are from the HECC, BOLI, or YDD

7. What is the total amount of grant funds are you requesting? (numerical answer)

8. Is this project scalable? In other words, can the project be adapted to a larger or smaller scale than what is proposed? (Y/N)
If yes, please indicate the minimum dollar amount required to support the outcomes identified in the proposal. Please briefly describe what essential functions would be included, identify which project activities are scalable, and indicate how outcomes would be impacted.

9. What amount of your requested budget will go to each of the following activities as specified in Evaluation Item D?
_____ Fund the creation or expansion of education and training programs in the key sectors of healthcare, manufacturing, and technology
_____ Provide direct benefits to individuals, including stipends for earn and learn experiences and funding to pay for education, training costs, and wraparound supports and services
_____ Expand the organizational capacity to provide workforce development services

You will then be prompted to:
Complete and upload Attachment B: Project Budget
Complete and upload Attachment C: Application Certification Sheet
Complete and upload Attachment I: Project Plan

Future Ready Oregon | Higher Education Coordinating Commission

WORKFORCE READY GRANTS - ROUND TWO

Attachment B: Project Budget

Enter Data in Yellow Boxes Only

Organization	
Organization Fiscal Contact	
Prepared by	

BUDGET CATEGORIES	YEAR 1 July 1, 2023 - June 30, 2024	YEAR 2 July 1, 2024 - June 30, 2025	YEAR 3 July 1, 2025 - June 30, 2026	TOTALS
A. PERSONNEL SALARIES & WAGES *Ex. Position/Title - Salary - FTE*				
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL SALARIES & WAGES	$ -	$ -	$ -	$ -
B. PERSONNEL FRINGE BENEFITS *Employer Costs for Taxes/Benefits* *Ex. FICA (7.65% of budgeted salary XX)* *Ex. Health Insurance*				
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL FRINGE BENEFITS	$ -	$ -	$ -	$ -
TOTAL PERSONNEL (SALARIES + FRINGE)	**$ -**	**$ -**	**$ -**	**$ -**
C. EQUIPMENT & CAPITAL EXPENDITURES				
				$ -
				$ -
				$ -
TOTAL EQUIPMENT & CAP EXPENDITURES	**$ -**	**$ -**	**$ -**	**$ -**
D. MATERIALS & SUPPLIES				
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL MATERIALS & SUPPLIES	**$ -**	**$ -**	**$ -**	**$ -**
E. TRAVEL (PERSONNEL) *Location - Purpose - Mileage*				
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL TRAVEL	$ -	$ -	$ -	$ -
F. PARTICIPANT SUPPORT COSTS - *Ex. stipends, transportation, fees, other wraparound services, etc.*				
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
TOTAL PARTICIPANT SUPPORT COSTS	**$ -**	**$ -**	**$ -**	**$ -**
G. SUBAWARDS *(Please list organization)*				
				$ -
				$ -
				$ -
TOTAL SUBAWARDS	**$ -**	**$ -**	**$ -**	**$ -**
H. OTHER DIRECT COSTS *(Please specify)*				
				$ -
				$ -
				$ -

TOTAL OTHER		$ -	$ -	$ -	$ -
DIRECT COSTS SUBTOTAL		$ -	$ -	$ -	$ -
I. INDIRECT COSTS* *(Include rate:)*	**10%**				$ -
TOTAL BUDGET REQUESTED		$ -	$ -	$ -	$ -

**For indirect costs, please use a cap of 10% unless you have a negotiated indirect cost rate agreement (if applicable, attach your agreement)*

If you need some or all of the requested funding at the start of the grant period, please provide reasoning in the space to the right (or attach an additional page if needed):	

FUTURE READY OREGON
WORKFORCE READY GRANTS
Round Two: Innovation in Workforce Programs

ATTACHMENT C
APPLICATION CERTIFICATION SHEET

Legal Name of Applicant: _____

Address: _____ **City, State, Zip:** _____

State of Incorporation: _____ **Entity Type:** _____

Contact Name: _____ **Telephone:** _____ **Email:** _____

Any individual signing below hereby certifies they are an authorized representative of Applicant and that:

1. If awarded a Grant, Applicant agrees to perform the scope of work and meet the performance standards set forth in the final negotiated scope of work of the Grant.

2. I have knowledge regarding Applicant's payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Application is not in violation of any tax laws of the state or a political subdivision of the state, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.

3. Applicant does not discriminate in its employment practices or service delivery with regard to race, color, creed, age, religious affiliation, political affiliation or belief, gender, disability, sexual orientation, national origin or citizenship status. When awarding subgrants, Applicant does not discriminate against any business certified under ORS 200.055 as a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business. If applicable, Applicant has, or will have prior to grant agreement execution, a written policy and practice, that meets the requirements described in ORS 279A.112, of preventing sexual harassment, sexual assault and discrimination against employees who are members of a protected class. HECC may not enter into an agreement with an anticipated grant price of $150,000 or more with an Applicant that does not certify it has such a policy and practice. See https://www.oregon.gov/DAS/Procurement/Pages/hb3060.aspx for additional information and sample policy template.

4. Applicant and Applicant's employees, agents, and subcontractors are not included on:
   - **A.** the "Specially Designated Nationals and Blocked Persons" list maintained by the Office of Foreign Assets Control of the United States Department of the Treasury found at: https://www.treasury.gov/ofac/downloads/sdnlist.pdf., or
   - **B.** the government-wide exclusions lists in the System for Award Management found at: https://www.sam.gov/SAM

5. Applicant certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Applicant, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFA. If any changes occur with respect to Applicant's status regarding conflict of interest, Applicant shall promptly notify the State in writing.

6. Applicant certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Application Certification Sheet are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty.

7. Applicant understands that any statement or representation it makes, in response to this RFA, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" (as defined by the Oregon False Claims Act, ORS 180.750(1)), made under Contract being a "false claim" (ORS 180.750(2)) subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.

8. Applicant certifies it will comply with the Pay Equity law, ORS 652.220, if applicable.

9. Applicant is registered, or will be registered be registered if awarded a grant agreement, in the state's electronic procurement system, called OregonBuys. [Registration is free, by clicking the blue "Register" button found here: https://oregonbuys.gov/bso/.]

_____ _____

Authorized Signature Date

_____

(Printed Name and Title)

FUTURE READY OREGON

WORKFORCE READY GRANTS

Round Two: Innovation in Workforce Programs

ATTACHMENT D: DRAFT Background Check and Insurance Requirements

BACKGROUND CHECK/CRIMINAL HISTORY VERIFICATION

1.1 To the extent permitted by law, Grantee shall obtain a criminal history record check on any employee, potential employee or volunteer working with "Vulnerable Populations" (defined as minors, elderly, persons with disabilities), and funded with resources from this Grant, as follows:

1.1.1 By having the applicant as a condition of employment or volunteer service, apply for and receive a criminal history check from a local Oregon State Police Office and furnish a copy thereof to Grantee; or

1.1.2 As the employer, by contacting a local Oregon State Police office for an "Oregon only" criminal history check on the applicant/employee/volunteer; or

1.1.3 By use of another method of criminal history verification that is at least as comprehensive as those described in sections (11.1.1) and (11.1.2) above.
A criminal record check will indicate convictions of child abuse, offenses against persons, sexual offenses, child neglect, or any other offense bearing a substantial relation to the qualifications, functions or duties of an employee or volunteer scheduled to work with Vulnerable Populations.

1.2 To the extent permitted by law, in addition to information resulting from checks or screening required by applicable federal, state, tribal, or local law, and/or by Grantee's written policies and procedures, current and appropriate information includes the results of public sex offender and child abuse websites/registries. A search (by current name, and, if applicable, by previous name(s) or aliases), of the pertinent and reasonably- accessible federal, state, and (if applicable) local and tribal sex offender and child abuse websites/public registries, including:

1.2.1 The Dru Sjodin National Sex Offender Public Website (www.nsopw.gov);

1.2.2 The website/public registry for each state (and/or tribe, if applicable) in which the individual lives, works, or goes to school, or has lived, worked, or gone to school at any time during the past five years; and

1.2.3 The website/public registry for each state (and/or tribe, if applicable) in which the individual is expected to, or reasonably likely to, interact with a participating Vulnerable Populations in the course of activities under the award.

1.3 Grantee shall develop a policy or procedures to review criminal arrests or convictions of

employees, potential employees or volunteers. The review must examine:

1.3.1 The severity and nature of the crime;

1.3.2 The number of criminal offenses;

1.3.3 The time elapsed since commission of the crime;

1.3.4 The circumstances surrounding the crime;

1.3.5 The subject individual's participation in counseling, therapy, education or employment evidencing rehabilitation or a change in behavior; and

1.3.6 The police or arrest report confirming the subject individual's explanation of the crime.

1.4 Grantee must determine after receiving the criminal history check whether the employee, potential employee or volunteer has been convicted of child abuse, offenses against persons, sexual offenses, child neglect, or any other offense bearing a substantial relation to the qualifications, functions or duties of an employee, or volunteer scheduled to work with Vulnerable Populations, and whether based upon the conviction the person poses a risk to working safely with Vulnerable Populations. If Grantee intends to hire or retain the employee, potential employee, or volunteer, Grantee must confirm in writing the reasons for hiring or retaining the individual. These reasons must address how the applicant/ employee/volunteer is presently suitable or able to work with Vulnerable Populations in a safe and trustworthy manner, based on the policy or procedure described in the preceding paragraphs of this Section. Grantee will place this explanation, along with the applicant/employee/volunteer's criminal history check, in the employee/volunteer personnel file for permanent retention, as allowed by law.

1.5 Grantee must make determinations of suitability, in advance, before individuals may interact with participating Vulnerable Populations, regardless of the individual's employment status. All required background check information must be completed no earlier than six months before the determination regarding suitability.

REQUIRED INSURANCE

INSURANCE REQUIREMENTS

Grantee shall obtain at Grantee's expense the insurance specified in this Exhibit G prior to performing under this Agreement and shall maintain it in full force and at its own expense throughout the duration of this Agreement, as required by any extended reporting period or tail coverage requirements, and all warranty periods that apply. Grantee shall obtain the following insurance from insurance companies or entities that are authorized to transact the business of insurance and issue coverage in the State of Oregon ("State") and that are acceptable to HECC. Coverage shall be primary and non-contributory with any other insurance and self-insurance, with

the exception of Professional Liability and Workers' Compensation. Grantee shall pay for all deductibles, self-insured retention and self-insurance, if any.

If Grantee is working with vulnerable populations, they will be required to obtain and retain the following insurance for the duration of the grant agreement:

- Commercial General Liability
- Automobile Liability Insurance
- Physical Abuse and Molestation Liability

If Grantee is NOT working with vulnerable populations, they will be required to obtain and retain the following insurance for the duration of the grant agreement:

- Automobile Liability Insurance

WORKERS' COMPENSATION & EMPLOYERS' LIABILITY
All employers, including Grantee, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Grantee shall require and ensure that each of its subcontractors or subgrantee complies with these requirements. If Grantee is a subject employer, as defined in ORS 656.023, Grantee shall also obtain employers' liability insurance coverage with limits not less than $500,000 each accident. Grantee is an employer subject to any other state's workers' compensation law, Grantee shall provide workers' compensation insurance coverage for its employees as required by applicable workers' compensation laws including employers' liability insurance coverage with limits not less than $500,000 and shall require and ensure that each of its out-of-state subcontractors complies with these requirements.

COMMERCIAL GENERAL LIABILITY:
☒ **Required** ☐ **Not required**

Commercial General Liability Insurance covering bodily injury and property damage in a form and with coverage that are satisfactory to the State. This insurance shall include personal and advertising injury liability, products and completed operations, contractual liability coverage for the indemnity provided under this contract, and have no limitation of coverage to designated premises, project or operation. Coverage shall be written on an occurrence basis in an amount of not less than $1,000,000 per occurrence. Annual aggregate limit shall not be less than $1,000,000.

AUTOMOBILE LIABILITY INSURANCE:
☒ **Required** ☐ **Not required**

Automobile Liability Insurance covering Grantee's business use including coverage for all owned, non-owned, or hired vehicles with a combined single limit of not less than $1,000,000 for bodily injury and property damage. This coverage may be written in combination with the Commercial General Liability Insurance (with separate limits for Commercial General Liability and Automobile Liability). Use of personal automobile liability insurance coverage may be acceptable if evidence that the policy includes a business use endorsement is provided.

PHYSICAL ABUSE AND SEXUAL MOLESTATION LIABILITY:
☒ **Required** ☐ **Not required**

Abuse and Molestation Insurance in a form and with coverage that are satisfactory to the Agency covering damages arising out of actual, perceived, or threatened physical abuse, mental injury, sexual molestation, negligent: hiring, employment, supervision, training, investigation, reporting to proper authorities, and retention of any person for whom the Contractor is responsible including but not limited to Contractor and Contractor's employees and volunteers. Policy endorsement's definition of an insured shall include the Contractor, and the Contractor's employees and volunteers. Coverage shall be written on an occurrence basis in an amount of not less than $1,000,000 per occurrence. Any annual aggregate limit shall not be less than $3,000,000. Coverage can be provided by a separate policy or as an endorsement to the commercial general liability or professional liability policies. These limits shall be exclusive to this required coverage. Incidents related to or arising out of physical abuse, mental injury, or sexual molestation, whether committed by one or more individuals, and irrespective of the number of incidents or injuries or the time period or area over which the incidents or injuries occur, shall be treated as a separate occurrence for each victim. Coverage shall include the cost of defense and the cost of defense shall be provided outside the coverage limit.

PROFESSIONAL LIABILITY:
☐ **Required** ☒ **Not required**

Professional Liability Insurance covering any damages caused by an error, omission or any negligent acts related to the services to be provided under this Contract by the Contractor and Contractor's subcontractors, agents, officers or employees in an amount not less than $1,000,000 per occurrence. Annual aggregate limit shall not be less than $2,000,000. If coverage is on a claims made basis, then either an extended reporting period of not less than 24 months shall be included in the Professional Liability Insurance coverage, or the Contractor shall provide Tail Coverage as stated below.

EXCESS/UMBRELLA INSURANCE:
A combination of primary and excess/ umbrella insurance may be used to meet the required limits of insurance.

TAIL COVERAGE:
If any of the required insurance is on a claims made basis and does not include an extended reporting period of at least 24 months, Contractor shall maintain either tail coverage or continuous claims made liability coverage, provided the effective date of the continuous claims made coverage is on or before the effective date of this Contract, for a minimum of 24 months following the later of (i) Contractor's completion and HECC's acceptance of all Services required under this Contract, or, (ii) HECC or Contractor termination of contract, or, iii) The expiration of all warranty periods provided under this Contract.

CERTIFICATE(S) AND PROOF OF INSURANCE:
Grantee shall provide to HECC Certificate(s) of Insurance for all required insurance before delivering any Goods and performing any Services required under this Agreement. The Certificate(s) shall list the State of Oregon, its officers, employees and agents as a Certificate holder and as an endorsed Additional Insured. If excess/ umbrella insurance is used to meet the minimum insurance requirement, the Certificate of Insurance must include a list of all policies that fall under the excess/ umbrella insurance. As proof of insurance HECC has the right to request copies of insurance policies and endorsements relating to the insurance requirements in this Agreement.

NOTICE OF CHANGE OR CANCELLATION:

The Grantee or its insurer must provide at least 30 days' written notice to HECC before cancellation of, material change to, potential exhaustion of aggregate limits of, or non-renewal of the required insurance coverage(s).

INSURANCE REQUIREMENT REVIEW:
Grantee agrees to periodic review of insurance requirements by HECC under this Grantee and to provide updated requirements as mutually agreed upon by Grantee and HECC.

STATE ACCEPTANCE:
All insurance providers are subject to HECC acceptance. If requested by HECC, Grantee shall provide complete copies of insurance policies, endorsements, self-insurance documents and related insurance documents to HECC's representatives responsible for verification of the insurance coverages required under this Exhibit G.

FUTURE READY OREGON
WORKFORCE READY GRANTS
Round Two: Innovation in Workforce Programs

A successful Applicant will be required to submit quarterly reports that detail program progress and performance. Quarterly reports will be due within 30 calendar days of the end of each quarter, or on the date designated by Agency for report submission. Grantee will address all clarifying questions and make any necessary corrections in a prompt manner. Reports must be received and approved for grant invoice claims to be processed. **Reports include:**

- **45 Days Post Grant Agreement Execution:** Grantee shall submit the Project Performance Plan (Attachment G)

- **Quarterly**: Grantee shall provide documentation and reporting as specified

- Performance Narrative questions will be provided to outline implementation challenges and successes
- Invoice for expenses for upcoming quarter as defined in the Project Spending Plan
- Fiscal Reconciliation for expenses incurred against quarterly advance from previous quarter
- Participant Level Data (Attachment F) for all individuals served in project quarterly

• **Annual Data Report Due July 15:** Grantee shall submit an annual report detailing progress on implementing project goals as defined in the grant agreement (Attachment H)

ARPA Quarterly Reporting Workbook: *Complete All Three Tabs Quarterly*

Directions for this Performance Narrative: *Fill in the gray areas on the right and answer the questions in the spaces provided below as appropriate. Consult the ARPA Reporting Workbook example tabs or contact your Grant Administrator for help.*

Organization Name:	**Agreement Number:**
Reporting Period Start Date:	**Reporting Period End Date:**
Prepared by:	**Preparation Date:**
Email Address:	**Total Grant Allocation:**

	Questions (1-11)	Response:
1	Please briefly describe your participant-level data collection strategy. Please include how participant-level data is collected (e.g., an intake form) and how it is stored. Describe your concerns, if any, about reporting.	
2	Please offer one brief success story of your program over the past quarter that was a product of your Workforce Ready grant funding. We may use this in the annual report or other media to share the impact of Future Ready Oregon, Workforce Ready funding.	

ARPA Quarterly Reporting Workbook: *Complete All Three Tabs Quarterly*

Directions for this Performance Narrative: *Fill in the gray areas on the right and answer the questions in the spaces provided below as appropriate. Consult the ARPA Reporting Workbook example tabs or contact your Grant Administrator for help.*

Organization Name:	**Agreement Number:**
Reporting Period Start Date:	**Reporting Period End Date:**
Prepared by:	**Preparation Date:**
Email Address:	**Total Grant Allocation:**

	Questions (1-11)	Response:
3	Identify and describe the challenges you faced in implementing the program over the last quarter.	
4	Based on your progress thus far, do you anticipate achieving the outcomes of your program? Please briefly describe the opportunities and challenges related to achieving the program's outcomes.	
5	Please describe any unintended outcomes achieved, both positive and negative.	

ARPA Quarterly Reporting Workbook: *Complete All Three Tabs Quarterly*

Directions for this Performance Narrative: *Fill in the gray areas on the right and answer the questions in the spaces provided below as appropriate. Consult the ARPA Reporting Workbook example tabs or contact your Grant Administrator for help.*

Organization Name:	**Agreement Number:**
Reporting Period Start Date:	**Reporting Period End Date:**
Prepared by:	**Preparation Date:**
Email Address:	**Total Grant Allocation:**

	Questions (1-11)	Response:
6	Please describe any gaps: A. Priority populations in your region that have not yet been served B. Services that are needed, but are not available C. Other reflections on the implementation process	
7	Share any noteworthy strategies or lessons learned in implementing the Prosperity 10,000 or Workforce Ready Grant program.	
8	If applicable - Share with us the number of workers enrolled in job training programs for this reporting quarter OR share with us the numbers of workers enrolled in sectorial job training programs for the life of the grant program.	

ARPA Quarterly Reporting Workbook: *Complete All Three Tabs Quarterly*

Directions for this Performance Narrative: *Fill in the gray areas on the right and answer the questions in the spaces provided below as appropriate. Consult the ARPA Reporting Workbook example tabs or contact your Grant Administrator for help.*

Organization Name:		**Agreement Number:**	
Reporting Period Start Date:		**Reporting Period End Date:**	
Prepared by:		**Preparation Date:**	
Email Address:		**Total Grant Allocation:**	

	Questions (1-11)	Response:
9	If applicable - Out of those workers enrolled in job training, how many participants have completed programs for this reporting quarter OR out of those workers enrolled in job training, how many participants have completed programs for the life of the grant program?	
10	If applicable - how many people have participated in summer youth employment programs for this reporting quarter OR if applicable - how many people have participated in summer youth employment programs for the life of this grant program?	

	Participant Service Site Data (if applicable)	Service Site: (Location, City, Zip, County)	# of Particpants
11	Please list all service sites (where the work is being done, where participants are being served) and the number of participants served at that location. Add more rows if needed.		

ARPA Quarterly Reporting Workbook: *Complete All Three Tabs Quarterly*

Directions for this Performance Narrative: *Fill in the gray areas on the right and answer the questions in the spaces provided below as appropriate. Consult the ARPA Reporting Workbook example tabs or contact your Grant Administrator for help.*

Organization Name:		**Agreement Number:**	
Reporting Period Start Date:		**Reporting Period End Date:**	
Prepared by:		**Preparation Date:**	
Email Address:		**Total Grant Allocation:**	

Questions (1-11)	Response:	

HIGHER EDUCATION COORDINATING COMMISSION

3225 25th Street SE, Salem, OR 97302
www.oregon.gov/HigherEd

Workforce Ready Grants | July 1, 2022 - June 30, 2026

QUARTERLY INVOICE

Institution/Organization:		Date:	
		Agreement #:	
Invoice Period:	Start Date:	End Date:	

Project Status:	☐	Grant activity is under way and on schedule.
Please check applicable box(es)	☐	FINAL INVOICE - Grant activity is complete.

Cost Categories	**Expenses this invoice period (total for each cost category)**
Salaries, Wages, and Related Costs	
Materials and Supplies	
Travel	
Direct Payment to Participants *(including wraparound services)*	
Other (and/or Admin Costs)	
Equipment and Other Capital Costs	
Indirect Costs	
Requested Amount:	$ -

Notes/comments and any info on any costs listed under "Other"

Please also complete the performance narrative and reconcilation tabs on this workbook; all are part of your quarterly submission.

Disbursement requests will be submitted by grantee to the Higher Education Coordinating Commission in accordance with the submission dates reflected in the agreement. Send by email to **hecc.finance@hecc.oregon.gov and cc <<grant administrator email address>>**

Signed (Authorized Agency Official):		Date:	
Printed First and Last Name		Email:	

AWARD SUMMARY *(for reference only)*		Notes:
Total Grant Allocation	$ -	*from award notification*
Less Amounts Previously Paid		*total previous expenses, not including this invoice*
Less Current Reimbursement Request	$ -	*auto-calculates from expenses input for this invoice per*
Total Remaining Amount	$ -	*total amount remaining on your award*

Organization:		Workforce Ready Grants: Expense Reporting July 2022 - June 2026																				
Agreement #:																						
Grant Allocation:		Spending Periods	Qtr 3 July 1, 2022 - August 31, 2022	Qtr 4 September 1 2022 - November 30, 2022	Qtr 1 December 1 2022 - February 28, 2023	Qtr 2 March 1 2023 - May 31, 2023	Qtr 3 June 1 2023 - August 31, 2023	Qtr 4 September 1, 2023 - November 30, 2023	Qtr 1 December 1, 2023 - February 29, 2024	Qtr 2 March 1 2024 - May 31, 2024	Qtr 3 June 1 2024 - August 31, 2024	Qtr 4 September 1, 2024 - November 30, 2024	Qtr 1 December 1, 2024 - February 28, 2025	Qtr 2 March 1, 2025 - May 31, 2025	Qtr 3 June 1, 2025 - August 31, 2025	Qtr 4 September 1, 2025 - November 30, 2025	Qtr 1 December 1 2025 - February 28, 2026	Qtr 2 March 1 2026 - May 31, 2026	Qtr 3 June 1, 2026 - June 30, 2026	Final Reconciliation	Remaining Budget
Invoices Due:		Budget Allocation	Due within 30 days of signing grant agreement		30-Mar-23	30-Jun-23	30-Sep-23	31-Dec-23	30-Mar-24	30-Jun-24	30-Sep-24	31-Dec-24	30-Mar-25	30-Jun-25	30-Sep-25	31-Dec-25	30-Mar-26	30-Jun-26	30-Sep-26	30-Sep-26	
Salaries, Wages and Related Costs																					$ -
Materials and Supplies																					$ -
Travel																					$ -
Direct Payment to Participants																					$ -
Other *(and/or Admin costs)*																					$ -
Equipment and Other Capital Costs																					$ -
Total Less Expenditure Less Eq. & Cap			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Indirect Costs	10.0%		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total Quarterly Disbursement			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Notes: Utilize this spreadsheet to capture actual costs incurred across the lifetime of the award.
Categories should be cumulative across all subawards.

$ -	**Total Reimbursement Request**
$ -	**Total Grant Allocation**
$ -	**Total Remaining Amount**

Excel Column	Element Name	Required	Data Type	Size	Format	Valid Codes	Description	Purpose
A	Submission Participant ID	Y	Varchar	1-19		Varchar	An ID number for the participant that is, at the very least, unique at within the quarterly submission. For example, an internal student or customer ID number.	Identifying unique individuals within a submission; Linking multiple tables within a submission by participant.
B	SSN		Numeric	9	NNNNNNNNN	Numeric	The participant's Social Security Number.	Matching with Oregon Employment Department wage data to identify employment related outcomes of Future Ready Oregon. Tracking participant's use of services from multiple providers throughout the state.
C	Legal First Name	Y	Varchar	1-60		Varchar	The participant's legal first name as it appears on official documents such as a Driver's License.	Identity resolution and data matches when a participant does not provide an SSN. Will also be used to follow-up after participation to identify employment related outcomes.
D	Legal Middle Name		Varchar	1-60		Varchar	The participant's legal middle name or initial as it appears on official documents such as a Driver's License.	Identity resolution and data matches when a participant does not provide an SSN.
E	Legal Last Name	Y	Varchar	1-60		Varchar	The participant's legal last name as it appears on official documents such as a Driver's License.	Identity resolution and data matches when a participant does not provide an SSN. Will also be used to follow-up after participation to identify employment related outcomes.
F	Suffix		Varchar	1-20		Varchar	The participant's suffix, e.g., II, Jr., Senior, etc., as it appears on official documents such as a Driver's License.	Identity resolution and data matches when a participant does not provide an SSN. Will be used to follow-up after participation to identify employment related outcomes.
G	Date of Birth	Y	Varchar	10	MM-DD-YYYY	Varchar	The participant's date of birth.	Identity resolution and data matches when a participant does not provide an SSN.
H	Gender	Y	Varchar	1	M/F/X/U	M=Man; F=Woman; X=Non-binary, gender queer; U=Not Disclosed or Unknown	The participant's gender identity.	Future Ready Oregon reporting requires gender breakouts to identify both sex and gender priority population.
I	Latino/a/x/Hispanic	Y	Varchar	1	Y/N/U	Y=The participant is Hispanic/Latinx; N=The participant is Not Hispanic/Latinx; U=Not Disclosed or Unknown.	The Hispanic or Latino ethnicity of the participant. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	People of color are a priority population of Future Ready Oregon. Race/ethnic breakouts are used to assess whether Future Ready Oregon funds are helping priority populations.
J	Native American/Alaska Native	Y	Varchar	1	Y/N/U	Y=The participant is Native American or Alaskan Native; N=The participant is Not Native American or Alaskan Native; U=Not Disclosed or Unknown	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.	People of color are a priority population of Future Ready Oregon. Race/ethnic breakouts are used to assess whether Future Ready Oregon funds are helping priority populations.
K	Asian American/Asian	Y	Varchar	1	Y/N/U	Y=The participant is Asian or Asian American; N=The participant is Asian or Asian American; U=The participant's race is not disclosed or unknown.	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.	People of color are a priority population of Future Ready Oregon. Race/ethnic breakouts are used to assess whether Future Ready Oregon funds are helping priority populations.
L	Native Hawaiian/Pacific Islander	Y	Varchar	1	Y/N/U	Y=The participant is Pacific Islander or Hawaiian Native; N=The participant is Not Pacific Islander or Hawaiian Native; U=Not Disclosed or Unknown.	A person having origins in any of the Pacific Islands including American states or territories.	People of color are a priority population of Future Ready Oregon. Race/ethnic breakouts are used to assess whether Future Ready Oregon funds are helping priority populations.
M	Black/African American	Y	Varchar	1	Y/N/U	Y=The participant is Black or African American; N=The participant is Not Black or African American; U=Not Disclosed or Unknown.	A person having origins in any of the black racial groups of Africa.	People of color are a priority population of Future Ready Oregon. Race/ethnic breakouts are used to assess whether Future Ready Oregon funds are helping priority populations.
N	White	Y	Varchar	1	Y/N/U	Y=The participant is White; N=The participant is White; U=Not Disclosed or Unknown.	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	Race/ethnic breakouts are used to assess whether Future Ready Oregon funds are helping priority populations.
O	Phone		Varchar	12	NNN-NNN-NNNN	Numeric	The participant's home or cell phone number If the participant does not have a telephone in his/her residence or a cell phone, enter a message telephone number, including the area code. This number should be updated at the time of exit to assure the latest telephone number is available for survey purposes.	Will be used to follow-up with Future Ready Oregon participant after participation to identify employment related outcomes.
P	Email		Varchar	1-255		Varchar	The participant's email address.	Will be used to follow-up with Future Ready Oregon participant after participation to identify employment related outcomes.
Q	Street Address		Varchar	1-255		Varchar	The street address of the participant's residential address.	Will be used to follow-up with Future Ready Oregon participant after participation to identify employment related outcomes.
R	City		Varchar	1-60		Varchar	The city of the participant's residential address.	Will be used to follow-up with Future Ready Oregon participant after participation to identify employment related outcomes.
S	State		Varchar	2		Alpha- Use the US Postal Service two-letter abbreviation for the state.	The state of the participant's residential address.	Will be used to follow-up with Future Ready Oregon participant after participation to identify employment related outcomes.
T	ZIP		Varchar	10	NNNNN-NNNN	Enter a valid 9-digit US ZIP code in the form NNNNN-NNNN. ZIP codes should always be 10 characters in length (including the dash). If only a 5-digit ZIP is available, use zeros after the dash (e.g., NNNNN-0000).	The ZIP code of the participant's residential address.	Will be used to follow-up with Future Ready Oregon participant after participation to identify employment related outcomes.
U	Individual with a Disability	Y	Varchar	1	Y/N/U	Y=The participant experiences a disability; N=The participant does not experience a disability; U=Not Disclosed or Unknown	An indicator of whether the participant has any "disability", as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities.	Identification of individuals experiencing a disability is used to assess whether Future Ready Oregon funds are helping priority populations.
V	Category of Disability		Varchar	1-13		1=Physical/Chronic Health Condition; 2=Physical/Mobility Impairment; 3=Mental or Psychiatric Disability; 4=Vision-related disability; 5=Hearing-related disability; 6=Learning Disability; 7=Cognitive/Intellectual; 9=Not Disclosed or Unknown	This field should only be coded for participants with a 'Y' in the "Individual with a Disability" field (previous data element); this field should be left blankfor participants with an 'N' or 'U'. Record all disability categories that apply, separating multiple values with a semicolon. Do not use spaces.	Analysis of Future Ready Oregon impact on priority populations.
W	Veteran Status	Y	Varchar	1	Y/N/U	Y=The participant is a veteran; N=The participant is not a veteran; U=Not Disclosed or Unknown	The veteran status of the participant defined as a person who served on active duty in the armed forces and who was discharged or released from such service under conditions other than dishonorable.	Identification of Veteran status is used to assess whether Future Ready Oregon funds are helping priority populations.
X	Household Annual Income		Numeric	4-9	999999.99	Numeric	The participant's annual household income.	Used with family size to identify low-income as a priority population. Coupled with family size, this is used to assess whether Future Ready Oregon funds are helping low income priority population.
Y	Family Size		Numeric	1-2	99	Numeric	This field records the number of persons in the participant's family. The number of persons in the participant's family, including the participant. The definition of family is two or more persons related by blood, marriage, domestic partnership, guardianship, caregiver, or decree of court, who are living in a single residence.	Used with annual household income to identify low-income as a priority population. Analysis of Future Ready Oregon impact on priority populations.
Z	Incarcerated or Formerly Incarcerated	Y	Varchar	1	Y/N/U	Y=The participant is currently or has been incarcerated; N=The participant has not been incarcerated; U=Not Disclosed or Unknown	Records whether the participant is currently or has previously been incarcerated or otherwise involved in corrective programs of the Court System.	Identification of whether a participant is incarcerated or previously incarcerated, a priority population, is used to assess whether Future Ready
AA	Tribal Membership	Y	Varchar	1	Y/N/U	Y=The participant is an Oregon tribal member of one of the nine recognized tribes; N=The participant is NOT an Oregon tribal member of one of the nine recognized tribes; U=Unknown	The tribal membership status of the participant in one of Oregon's nine federally recognized Indian tribes.	Identification of individuals as members of one of the nine federally recognized Indian tribes is used to assess whether Future Ready Oregon funds are helping priority populations.
AB	Tribal Code		Numeric	3		144=Burns Paiute Tribe; 152=Confederated Tribes of Coos, Lower Umpqua and Siuslaw; 155=Coquille Indian Tribe; 153=Cow Creek Band of Umpqua Tribe of Indians; 141=Confederated Tribes of The Grand Ronde; 140=Klamath Tribes; 142=Confederated Tribes of Siletz Indians; 143=Confederated Tribes of the Umatilla Indian Reservation; 145=Confederated Tribes of Warm Springs Reservation; 200=Other Federally Recognized Tribe; 201=Other Oregon based tribe, not federally recognized; 202=Tribes outside of Oregon not federally recognized; 203=Tribe not disclosed	The Tribal code for participants. Tribal codes come from the EPA's Tribal Identifier Data Standard. This field must be used for those coded for participants with a 'Y' in the "Tribal Membership" field. For participants with an 'N' or 'U', this field can either be left blank OR, if Native American, use the other codes: 200, 201, 202, or 203.	Analysis of Future Ready Oregon impact on priority populations.
AC	LGBTQ+	Y	Varchar	1	Y/N/U	Y=The participant is LGBTQ+; N=The participant is NOT LGBTQ+; U=Unknown	Records whether the participant identifies as a member of the LGBTQ+ community.	Identification of whether a participant is a member of the LGBTQ+ community, a priority population, is used to assess whether Future Ready
AD	Employed at Participation		Varchar	1	Y/N/U	Y=The participant is employed during participation; N=The participant is NOT employed during participation; U=Not Disclosed or Unknown	Records whether the participant was employed when entering the program/service. All participants for whom employment status is unknown should be coded with 'U', including those who chose not to self-identify, and those for whom the data is unavailable for some other reason.	Analysis of Future Ready Oregon impact on priority populations.
AE	Educational Attainment			3		1=No H.S. Diploma or Equivalent 2=High School Diploma or GED 3=Some College or Postsecondary Training 4=Postsecondary Certificate 5=Associates Degree 6=Bachelor's Degree or Higher 9=Unknown	Records the participant's educational attainment at entry. All participants for whom educational attainment is unknown should be coded with '9', including those who chose not to self-identify, and those for whom the data is unavailable for some other reason. Note: For P10K participants, this should be the participant's attainment level in their first enrollment in any P10K service.	Analysis of Future Ready Oregon impact on educational attainment.

HIGHER EDUCATION COORDINATING COMMISSION
3225 25th Street SE, Salem, OR 97302
www.oregon.gov/HigherEd

Future Ready Oregon
Data Submission Template

Please use this file to report Future Ready Oregon participants served, descriptions of activities, and completion of any workforce development programs. Read the descriptions and instructions below. For questions, please connect with Shanda Haluapo at shanda.haluapo@hecc.oregon.gov or (503) 979-6472.

The primary purpose of this data collection is to evaluate Future Ready Oregon programs & the impact to individuals and communities who have been long-term unemployed or underemployed into employment that meets the self-sufficiency standard. To do this, we need individual-level data about Future Ready Oregon participants including personally identifiable information, their demographics and characteristics, the services they access, and their credential/employment-related outcomes.

Use this file to report Future Ready Oregon participants served and activities. The file has four templates to be completed to record Future Ready Oregon activities 1) participants (green), 2) workforce development services (blue), 3) credentials earned (brownish grey), and 4) employment outcomes (yellow). An example is offered to you in the second row of each template.

1-Participant Data: Record the personal, demographics, and characteristics information for each participant in the Future Ready Oregon program. We recognize that many participants may be concerned about sharing some of this personal information with you. We urge you to convey to them that reporting this information is not an eligibility requirement and that sharing it allows us to look across the many thousands of participants and determine how well these dollars are meeting the needs of their communities. The participant-level information will be used to assess outcomes, ensuring representation for the intended priority populations. In addition, we need their contact information to follow up with them to measure long term employment-related outcomes. Each participant should only have one entry (i.e., one row) per organization completing this tab. Please see the tab entitled "Participant Data Spec" for further information regarding each data element.

2-Services Data: Record the organization(s) involved, the types and details of services--including wrap-around support services, whether the service offered by the organization is new or expanding best practice, and participant completion of services. We need this information to measure what is working, determine the best recipe of services as well as learn from what works well and what does not work. If the participant is receiving multiple services from the organization submitting data, please record each service a participant receives. For example, if they are receiving two services, there should be two rows of data for that participant. Please see the tab "Services Data Spec" for further information regarding each data element.

3-Credentials Data: Record the credentials or licenses earned for each participant served by a Future Ready Oregon funded program. We need this information to measure the contribution of Future Ready Oregon programs on Oregon's educational attainment goals. Please see the tab "Credentials Data Spec" for further information regarding each data element.

4-Employment Outcomes Data: Some organizations collect employment data on the participants they serve. If the organization already collects this data, please complete this spreadsheet for all the participants who have completed or left the service after 90 days that was funded by Future Ready Oregon. If your organization does not regularly collect employment outcomes data, please leave this worksheet blank. HECC will be following up with participants to identify their employment-related outcomes with the contact information provided in the participant data and/or with a wage match with Oregon Employment Department.

The remaining tabs provides the two-digit CIP code list (CIP Codes tab) and the Industry and Occupation list (Industry and Occupations tab).

Submission Participant ID	SSN	Legal First Name	Legal Middle Name	Legal Last Name	Suffix	Date of Birth	Gender	Latino/a/x/Hispanic	Native American/Alaska Native	Asian American/Asian	Native Hawaiian/Pacific Islander	Black/African American	White	Phone	Email	Street Address	City	State	ZIP	Individual with a Disability	Category of Disability	Veteran Status	Household Annual Income	Family Size	Incarcerated or Formerly Incarcerated	Tribal Membership	Tribal Code	LGBTQ+	Employed at Participation	Educational Attainment
123456789	555-12-3456	Testy	Test	McTesterson		2/5/1978	M	N	N	N	N	N	Y	555-867-530	Testy@fakeemail.com	123 Fake St	Fakestor	OR	97301	Y	7	U	$ 15,687.42	3	N	N		U	Y	2

Submission Participant ID	Funding Organization ID	Service Provider Organization ID	Grant Agreement Number	Future Ready Program ID	Service Name	Service Type ID	Service Location ZIP	Training Provider	Service Results in Credential	Position Title	Wraparound Service Amount	Wage or Stipend	Completed Program/Service	Start Date	End Date	CIP of Training	P10K Program Completion Status	P10K Program Completion Date
123456789	WSI (Portland Metro)	Greater Oregon STEM Hub	WSI-GAN	1	Career Guidance	06	97229	ABC Test Ore	N				N	09-20-2022	10-08-2022		Y	10-08-2022

Submission Participant ID	Funding Organization ID	Future Ready Program ID	Service Provider Organization ID	Service Name	Service Type ID	Awarding Organization	Credential Type ID	Credential Description	Credential CIP	Date Awarded
123456789	Portland Community College	2	Portland Community College	Career Pathways	19	PCC - Rock Creek	452	CPCC- Welding	48	08-27-2022

Submission Participant ID	Funding Organization ID	Future Ready Program ID	Service Provider Organization ID	Employer	Hire Date	End Date	Industry Code	Position (ONET)	Hourly Wage	Weekly Hours	Healthcare Benefits	Dental Insurance	Retirement/ Pension Plan	Life Insurance	Disability Insurance	Paid Leave
123456789	WSI (Portland Metro)	1	Greater Oregon STEM Hub	Vigor Industrial	9/2/2022		Manufacturing	51	$32.33	40	Y	Y	Y	Y	U	Y

Excel Column	Element Name	Req	Data Type	Size	Format	Valid Codes	Description	Purpose
A	Submission Participant ID	Y	Varchar	1-19		Varchar	An ID number for the participant that is, at the very least, unique at within the quarterly submission.	Needed when SSN is not available: Identifying unique individuals within a submission; Linking multiple tables within a submission by participant.
B	Funding Organization ID	Y	Varchar	1-100		Varchar	The official name of the funding organization (grantee) through whom Future Ready Oregon funds are being distributed. **Note:** This field is being changed from using the Organization name to **eventually** using an Organization number. As a result, the field name has changed from "Funding Organization Name" to "Funding Organization ID". Please use the new field name in order to facilitate loading correctly into the Portal. For now, however, **you can continue** to send Organization name data in this field.	Tracking and analyzing the performance of specific organizations.
C	Service Provider Organization ID	Y	Varchar	1-100		Varchar	The name of the service provider organization (Community Based Organization, NGO, training organizations, etc.) that provides the service accessed by the participant. This may be the same as the funding organization ID. It can represent the subrecipient. **Note:** This field is being changed from using the Organization name to **eventually** using an Organization number. As a result, the field name has changed from "Service Provider Organization Name" to "Service Provider Organization ID". Please use the new field name in order to facilitate loading correctly into the Portal. For now, however, **you can continue** to send Organization name data in this field.	Analyzing the performance of Future Ready Oregon programs.
D	Grant Agreement Number	Y	Varchar	1-20		Varchar	The specific grant agreement number under which this service is being provided. Note: For P10K services submitted by Worksystems (where a specific grant agreement number does not really apply), please use the following HECC-defined grant agreement number: WSI-GAN	Facilitating data submission and Portal user account control
E	Future Ready Program ID	Y	Numeric	1	9	1=Prosperity 10,000; 2=Career Pathways; 3=Registered Apprenticeships; 4=Youth Programs; 5=Prior Learning Credit; 6=Workforce Ready Grants; 7=Industry Consortia; 8=Workforce Benefits Navigator	The code for the Future Ready Program that is funding the service; there are eight programs identified in the SB 1545 (2022) legislation.	Analyzing the performance of Future Ready Oregon programs.
F	Service Name	Y	Varchar	1-100		Varchar	The name of the service offered by the service provider. This name should be unique among all the services provided by any single service provider.	Tracking and analyzing the performance of specific services.
G	Service Type ID	Y	Numeric	2	99	01=Workforce development training; identify the CIP code for the training program in column Q. 02=General career exploration, e.g., career fairs; 03=Paid work experience, put amount in "Wage or Stipend"; 04=Unpaid work experience; 05=Job placement services; 06=Career coaching or mentorship-partnering with someone in the field, interview skills, etc.; 07=Recruitment and engagement services designed for priority populations; 08=Early career skills – literacy, basic technology skills, basic mathematics, etc.; 09=Tuition and fees assistance, put amount in "Wraparound Service Amount"; 10=On-the-job training (OJT) 11=Wrap around services-transportation, put amount in "Wraparound Service Amount"; 12=Wrap around services-childcare, put amount in "Wraparound Service Amount"; 13=Wrap around services-food assistance, put amount in "Wraparound Service Amount"; 14=Wrap around services-residential assistance, put amount in "Wraparound Service Amount"; 15=Wrap around services-stipend (defined by a sum of money paid to participants to help cover basic costs while they engage in a Learning Opportunity. Stipends may be paid as an hourly amount attached to program engagement or as a total sum based on the length of the Learning Opportunity. There must be clear goals and expectations set forth as to what the participant must do to earn a stipend.) 16=Wrap around services-tools, supplies, equipment, uniforms, technology—including broadband services, or other items necessary to do the job that are not provided by the employer, put amount in "Wraparound Service Amount"; 17=Wrap around services-other, put amount in "Wraparound Service Amount"; 18=Wrap around services -- OJT 19=Other	The service type number represents the types of services funded by Future Ready Oregon	Tracking and analyzing the performance of specific services.
H	Service Location ZIP	Y	Varchar	5	99999	Enter a valid 5-digit US ZIP code of the service in the form #####. ZIP codes should always be 5 characters in length.	The ZIP code of the service's address.	Tracking and analyzing the performance of specific services by location.
I	Training Provider		Varchar	1-100		Varchar	The name of the training provider. This name may be the same name as the Service Provider Name. The only time this would be different is when a a service provider contracts with another organization to offer the training.	Tracking and analyzing the performance of specific services.
J	Service Results in Credential	Y	Varchar	1	Y/N	Y=Service results in a credential or license; N=Service does not result in a credential or license	Indicates whether the service results in a credential or license, including certificate, associates degree, bachelors degree or higher degree.	Tracking and analyzing the performance of specific services.
K	Position Title		Varchar	1-100		Varchareric	The position title served in by the participant in a service that utilizes paid work experiences as a workforce development strategy. Leave blank if the service is not a work based learning opportunity.	Tracking and analyzing the performance of specific services.
L	Wraparound Service Amount		Numeric	4-8	99999.99	Numeric- Dollar Amount	If the wraparound service provides a monetary allocation to the participant, type the amount allocated to the participant.	Tracking and analyzing the performance of specific services.
M	Wage or Stipend		Numeric	4-8	99999.99	Numeric - Dollar Amount	The wage or stipend earned by the participant in a service that utilizes paid work experiences as a workforce development strategy.If the service is not a work-based learning opportunity then leave this field blank.	Tracking and analyzing the performance of specific services.
N	Completed Program/Service	Y	Varchar	1	Y/N/D/U	Y=The participant completed the service; N=The participant did not complete the service; D=Does not apply; U=Unknown or service still in progress	Indicates whether the participant completed the service	Tracking and analyzing the performance of specific services.
O	Start Date	Y	Varchar	10	MM-DD-YYYY	MM-DD-YYYY	The date the participant began receiving the specific service.	Tracking and analyzing the performance of specific services.
P	End Date		Varchar	10	MM-DD-YYYY	MM-DD-YYYY	The date the participant completed or stopped receiving the service.	Tracking and analyzing the performance of specific services. This allows HECC to know when to follow-up on employment related outcomes.
Q	CIP of Training		Varchar	2	99	The Two-Digit CIP code for Training. See the CIP Codes tab for a list of valid Two-digit CIPs. If CIP is not available or relevant, leave this field blank.	If relevant, provide the CIP code for the training. CIP codes are Classification of Instructional Programs. The 2020 Two-Digit CIP codes are on the tab at the end of the excel file called "CIP Codes." If it is not relevant, leave it blank.	Tracking and analyzing the performance of specific services, especially as it related to the intended industries.
R	P10K Program Completion Status		Varchar	1	Y/N	Y=The participant completed the service; N=The participant did not complete the service; D=Does not apply; U=Unknown or service still in progress	Indicates whether the participant successfully completed the P10K Program. This is not related to any individual service but to a participant's entire suite of services. For non-P10K Services, leave blank.	Tracking and analyzing the performance of P10K.
S	P10K Program Completion Date		Varchar	10	MM-DD-YYYY	MM-DD-YYYY	The date the participant completed or stopped out of the P10K Program. For non-P10K Services, leave blank.	Tracking and analyzing the performance of P10K. This allows HECC to know when to follow-up on employment related outcomes.

Excel Column	Element Name	PK	Req	Data Type	Size	Format	Valid Codes	Description	Purpose
A	Submission Participant ID	X	Y	Varchar	1-19	99999	Varchar	An ID number for the participant that is, at the very least, unique at within the quarterly submission.	Needed when SSN is not available: Identifying unique individuals within a submission; Linking multiple tables within a submission by participant.
B	Funding Organization ID	X	Y	Varchar	1-100		Varchar	The official name of the funding organization (grantee) through whom Future Ready Oregon funds are being distributed. **Note:** This field is being changed from using the Organization name to **eventually** using an Organization number. As a result, the field name has changed from "Funding Organization Name" to "Funding Organization ID". Please use the new field name in order to facilitate loading correctly into the Portal. For now, however, **you can continue** to send Organization name data in this field.	Tracking and analyzing the performance of specific organizations.
C	Future Ready Program ID	X	Y	Numeric	1	9	1=Prosperity 10,000; 2=Career Pathways; 3=Registered Apprenticeships; 4=Youth Programs; 5=Prior Learning Credit; 6=Workforce Ready Grants; 7=Industry Consortia; 8=Workforce Benefits Navigator	The code for the Future Ready Program that is funding the service; there are eight programs identified in the SB 1545 (2022) legislation.	Analyzing the performance of Future Ready Oregon programs.
D	Service Provider Organization ID	X	Y	Varchar	1-100		Varchar	The name of the service provider organization (Community Based Organization, NGO, training organizations, etc.) that provides the service accessed by the participant. This may be the same as the funding organization ID. It can represent the subrecipient. **Note:** This field is being changed from using the Organization name to **eventually** using an Organization number. As a result, the field name has changed from "Service Provider Organization Name" to "Service Provider Organization ID". Please use the new field name in order to facilitate loading correctly into the Portal. For now, however, **you can continue** to send Organization name data in this field.	Analyzing the performance of Future Ready Oregon programs.
E	Service Name	X	Y	Varchar	1-100		Varchar	The name of the service offered by the service provider. This name should be unique among all the services provided by any single service provider.	Tracking and analyzing the performance of specific services.
F	Service Type ID	X	Y	Numeric	2	99	01=Workforce development training; identify the CIP code for the training program in column Q. 02=General career exploration, e.g., career fairs; 03=Paid work experience, put amount in "Wage or Stipend"; 04=Unpaid work experience; 05=Job placement services; 06=Career coaching or mentorship-partnering with someone in the field, interview skills, etc.; 07=Recruitment and engagement services designed for priority populations; 08=Early career skills – literacy, basic technology skills, basic mathematics, etc.; 09=Tuition and fees assistance, put amount in "Wraparound Service Amount"; 10=On-the-job training (OJT) 11=Wrap around services-transportation, put amount in "Wraparound Service Amount"; 12=Wrap around services-childcare, put amount in "Wraparound Service Amount"; 13=Wrap around services-food assistance, put amount in "Wraparound Service Amount"; 14=Wrap around services-residential assistance, put amount in "Wraparound Service Amount"; 15=Wrap around services-stipend (defined by a sum of money paid to participants to help cover basic costs while they engage in a Learning Opportunity. Stipends may be paid as an hourly amount attached to program engagement or as a total sum based on the length of the Learning Opportunity. There must be clear goals and expectations set forth as to what the participant must do to earn a stipend.) 16=Wrap around services-tools, supplies, equipment, uniforms, technology—including broadband services, or other items necessary to do the job that are not provided by the employer, put amount in "Wraparound Service Amount"; 17=Wrap around services-other, put amount in "Wraparound Service Amount"; 18=Wrap around services -- OJT 19=Other	The service type number represents the types of services funded by Future Ready Oregon	Tracking and analyzing the performance of specific services.
G	Awarding Organization			Varchar	1-100		Varchar	Name of the Institution that awards the credential or license	Tracking and analyzing the performance of specific services.
H	Credential Type ID	X	Y	Numeric	3	999	414=Technical/Occupational Skill Certificate; 452=AA or AS Diploma/Degree; 453=BA or BS Diploma/Degree; 454=Occupational Skills License; 455=Occupational Skills Certificate, Credential; 456=Other Recognized Diploma, Degree, Certificate, License; 457=HS Diploma; 458=GED/Equivalent; 459=Post Graduate Degree; 460=Occupational Certification;	The type of credential (e.g., certificate, associates degree, bachelors degree or higher degree) or license that the participant earned.	Tracking and analyzing the performance of specific services.
I	Credential Description	X	Y	Varchar	1-255		Varchar	Description and title of the Credential or License	Allows HECC to describe the credentials and license awarded
J	Credential CIP	X		Varchar	2 or 6	NN or NN.NNNN	The Two-Digit or Six-Digit CIP code for Credential. See the CIP Codes tab for a list of valid Two-digit CIPs. If CIP is not available send either 99 or 99.9999	CIP codes are Classification of Instructional Programs. The 2020 Two-Digit CIP codes are on the tab at the end of the excel file called "CIP Codes". Six-Digit CIP codes can be found online at: https://nces.ed.gov/ipeds/cipcode	Tracking and analyzing the performance of specific services, especially as it related to the intended industries.
K	Date Awarded	X	Y	Varchar	10	MM-DD-YYYY	MM-DD-YYYY	The date the participant completed or stopped receiving the service. Credential Date attained up to one year after the last service (End Date) by Service Provider.	Tracking and analyzing the performance of specific services. This allows HECC to know when to follow-up on employment related outcomes.

Excel Column	Element Name	Required	Data Type	Size	Format	Validation	Valid Codes	Description	Purpose
A	Submission Participant ID		Varchar	1-19	99999	Validate against Participant tbl	Varchar	An ID number for the participant that is, at the very least, unique at within the quarterly submission.	Identifying unique individuals within a submission; Linking multiple tables within a submission by participant.
B	Funding Organization ID		Numeric	1-4	9999	Validate against Organization tbl	Numeric	The official name of the funding organization (grantee) through whom Future Ready Oregon funds are being distributed. **Note:** This field is being changed from using the Organization name to **eventually** using an Organization number. As a result, the field name has changed from "Funding Organization Name" to "Funding Organization ID". Please use the new field name in order to facilitate loading correctly into the Portal. For now, however, **you can continue** to send Organization name data in this field.	Tracking and analyzing organization's contribution to the employment outcomes
C	Future Ready Program ID		Numeric	1	9	Match against code table	1=Prosperity 10,000; 2=Career Pathways; 3=Registered Apprenticeships; 4=Youth Programs; 5=Prior Learning Credit; 6=Workforce Ready Grants; 7=Industry Consortia; 8=Workforce Benefits Navigator	The code for the Future Ready Program that is funding the service; there are eight programs identified in the SB 1545 (2022) legislation.	Tracking and analyzing organization's contribution to the employment outcomes
D	Service Provider Organization ID		Varchar	4	9999		Four character numeric ID for the service provider will be provided by HECC.	The name of the service provider organization (Community Based Organization, NGO, training organizations, etc.) that provides the service accessed by the participant. This may be the same as the funding organization ID. It can represent the subrecipient. **Note:** This field is being changed from using the Organization name to **eventually** using an Organization number. As a result, the field name has changed from "Service Provider Organization Name" to "Service Provider Organization ID". Please use the new field name in order to facilitate loading correctly into the Portal. For now, however, **you can continue** to send Organization name data in this field.	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
E	Employer		Varchar	1-100	99999	Check length	Varchar	Employer for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
F	Hire Date		Date	10	MM-DD-YYYY	Check format	Date	Hire Date for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
G	End Date		Date	10	MM-DD-YYYY	Check format	Date	End Date for the most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider. Leave blank if no end date.	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
H	Industry Code		Varchar	1-60	Varchar	Check length	01=Accommodation and Food Services 02=Administrative and Support and Waste Management and Remediation Services 03=Agriculture, Forestry, Fishing and Hunting 04=Arts, Entertainment, and Recreation 05=Construction 06=Educational Services 07=Finance and Insurance 08=Health Care and Social Assistance 09=Information 10=Management of Companies and Enterprises 11=Manufacturing 12=Mining, Quarrying, and Oil and Gas Extraction 13=Other Services (except Public Administration) 14=Professional, Scientific, and Technical Services 15=Public Administration 16=Real Estate and Rental and Leasing 17=Retail 18=Transportation & Warehousing 19=Utilities 20=Wholesale Trade	Industry Sector for the most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider. See https://www.census.gov/naics/?58967?yearbck=2022 for reference or sheet Industry (NAICS Sector). **Note:** This field is being changed from using the Industry name to **eventually** using the Industry code. As a result, the field name has changed from "Industry Name" to "Industry Code". Please use the new field name in order to facilitate loading correctly into the Portal. For now, however, **you can continue** to send Industry name data in this field.	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
I	Position (ONET)		Varchar	2		Check length	11=Management Occupations; 13=Business and Financial Operations Occupations; 15=Computer and Mathematical Occupations; 17=Architecture and Engineering Occupations; 19=Life, Physical, and Social Science Occupations; 21=Community and Social Service Occupations; 23=Legal Occupations; 25=Educational Instruction and Library Occupations; 27=Arts, Design, Entertainment, Sports, and Media Occupations; 29=Healthcare Practitioners and Technical Occupations; 31=Healthcare Support Occupations; 33=Protective Service Occupations; 35=Food Preparation and Serving Related Occupations; 37=Building and Grounds Cleaning and Maintenance Occupations; 39=Personal Care and Service Occupations; 41=Sales and Related Occupations; 43=Office and Administrative Support Occupations; 45=Farming, Fishing, and Forestry Occupations; 47=Construction and Extraction Occupations; 49=Installation, Maintenance, and Repair Occupations; 51=Production Occupations; 53=Transportation and Material Moving Occupations; 55=Military Specific Occupations	Postion ONET of the most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider. The codes represent the first two digits of the See Position (ONET) sheet or visit https://www.onetonline.org/	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
J	Hourly Wage		Y	1	Numeric/ Currency	Numeric/ Currency	Numeric/ Currency	Hourly wage for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
K	Weekly Hours		Y	1	Numeric		Numeric	Weekly Hours for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
L	Healthcare Benefits		Y	1	Varchar	Y/N/U	Y = Yes N = No U = Unknown	Healthcare Benefits for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
M	Dental Insurance		Y	1	Varchar	Y/N/U	Y = Yes N = No U = Unknown	Dental Insurance Benefitsfor most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
N	Retirement/Pension Plan		Y	1	Varchar	Y/N/U	Y = Yes N = No U = Unknown	Retirement/Pension Plan Benefits for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing performance of Future Ready Oregon programs.
O	Life Insurance		Y	1	Varchar	Y/N/U	Y = Yes N = No U = Unknown	Life Insurance for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
P	Disability Insurance		Y	1	Varchar	Y/N/U	Y = Yes N = No U = Unknown	Disability Insurance for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.
Q	Paid Leave		Y	1	Varchar	Y/N/U	Y = Yes N = No U = Unknown	Paid Leave for most recent employment after program enrollment and within one year of last service provided (End Date) by Service Provider	Supplemental Employment Data used for analyzing outcomes of Future Ready Oregon programs.

CIP Code	Title	Definition
01	AGRICULTURE, AGRICULTURE OPERATIONS, AND RELATED SCIENCES.	Instructional programs that focus on agriculture and related sciences and that prepare individuals to apply specific knowledge, methods, and techniques to the management and performance of agricultural operations.
04	ARCHITECTURE AND RELATED SERVICES.	Instructional programs that prepare individuals for professional practice in the various architecture-related fields and focus on the study of related aesthetic and socioeconomic aspects of the built environment.
05	AREA, ETHNIC, CULTURAL, AND GENDER STUDIES.	Instructional programs that focus on the defined areas, regions, and countries of the world; defined minority groups within and across societies; and issues relevant to collective gender and group experience.
32	BASIC SKILLS.	Instructional programs that focus on the fundamental knowledge and skills that individuals need to function productively in society. These CIP codes are not valid for IPEDS reporting.
26	BIOLOGICAL AND BIOMEDICAL SCIENCES.	Instructional programs that focus on the biological sciences and the non-clinical biomedical sciences, and that prepare individuals for research and professional careers as biologists and biomedical scientists.
52	BUSINESS, MANAGEMENT, MARKETING, AND RELATED SUPPORT SERVICES.	Instructional programs that prepare individuals to perform managerial, technical support, and applied research functions related to the operation of commercial and non-profit enterprises and the buying and selling of goods and services.
33	CITIZENSHIP ACTIVITIES.	Instructional programs that prepare individuals for citizenship, and provide instruction in how citizens may engage in civic activities. These CIP codes are not valid for IPEDS reporting.
09	COMMUNICATION, JOURNALISM, AND RELATED PROGRAMS.	Instructional programs that focus on how messages in various media are produced, used, and interpreted within and across different contexts, channels, and cultures, and that prepare individuals to apply communication knowledge and skills professionally.
10	COMMUNICATIONS TECHNOLOGIES/TECHNICIANS AND SUPPORT SERVICES.	Instructional programs that prepare individuals to function as equipment operators, support technicians, and operations managers in the film/video, recording, and graphic communications industries.
11	COMPUTER AND INFORMATION SCIENCES AND SUPPORT SERVICES.	Instructional programs that focus on the computer and information sciences and prepare individuals for various occupations in information technology and computer operations fields.
46	CONSTRUCTION TRADES.	Instructional programs that prepare individuals to apply technical knowledge and skills in the building, inspecting, and maintaining of structures and related properties.
13	EDUCATION.	Instructional programs that focus on the theory and practice of learning and teaching, and related research, administrative and support services.
15	ENGINEERING TECHNOLOGIES/TECHNICIANS.	Instructional programs that prepare individuals to apply basic engineering principles and technical skills in support of engineering and related projects or to prepare for engineering-related fields.
14	ENGINEERING.	Instructional programs that prepare individuals to apply mathematical and scientific principles to the solution of practical problems.
23	ENGLISH LANGUAGE AND LITERATURE/LETTERS.	Instructional programs that focus on the structure and use of the English language and dialects, speech, writing, and various aspects of the literatures and cultures of the English-speaking peoples.
19	FAMILY AND CONSUMER SCIENCES/HUMAN SCIENCES.	Instructional programs that focus on the human interface with the physical, social, emotional, and intellectual environments and the developmental stages and needs of individuals in the interrelated spheres of family, workplace, and community.
16	FOREIGN LANGUAGES, LITERATURES, AND LINGUISTICS.	Instructional programs that focus on foreign languages and literatures, the humanistic and scientific study of linguistics, and the provision of professional interpretation and translation services.
51	HEALTH PROFESSIONS AND RELATED CLINICAL SCIENCES.	Instructional programs that prepare individuals to practice as licensed professionals and assistants in the health care professions and related clinical sciences and administrative and support services.
34	HEALTH-RELATED KNOWLEDGE AND SKILLS.	Instructional program that focus on the promotion of personal and family health. These CIP codes are not valid for IPEDS reporting.
53	HIGH SCHOOL/SECONDARY DIPLOMAS AND CERTIFICATES.	Instructional programs that define the prescribed requirements for high school/secondary school graduation. These CIP codes are not valid for IPEDS reporting.
54	HISTORY	Instructional programs that focus on the study and interpretation of past events, institutions, issues, and cultures.
35	INTERPERSONAL AND SOCIAL SKILLS.	Programs that focus on the development of methods and skills for effective interactions with others in a variety of settings (private, social, and business settings). These CIP codes are not valid for IPEDS reporting.
22	LEGAL PROFESSIONS AND STUDIES.	Instructional programs that prepare individuals for the legal profession, for related support professions and professional legal research, and focus on the study of legal issues in non-professional programs.
36	LEISURE AND RECREATIONAL ACTIVITIES.	Programs that focus on the development of an appreciation for and competency in recreational and leisure-related activities. These CIP codes are not valid for IPEDS reporting.
24	LIBERAL ARTS AND SCIENCES, GENERAL STUDIES AND HUMANITIES.	General instructional programs and independent or individualized studies in the liberal arts subjects, the humanities disciplines and the general curriculum.
25	LIBRARY SCIENCE.	Instructional programs that focus on the knowledge and skills required for managing and/or maintaining libraries and related information and record systems, collections and facilities for research and general use.
27	MATHEMATICS AND STATISTICS.	Instructional programs that focus on the systematic study of logical symbolic language and its applications.
47	MECHANIC AND REPAIR TECHNOLOGIES/TECHNICIANS.	Instructional programs that prepare individuals to apply technical knowledge and skills in the adjustment, maintenance, part replacement, and repair of tools, equipment, and machines.
29	MILITARY TECHNOLOGIES.	Instructional programs that prepare individuals in specialized and advanced subject matter for the armed services and related national security organizations, including intelligence operations, military applied sciences, and military technologies.
30	MULTI/INTERDISCIPLINARY STUDIES.	Instructional programs that derive from two or more distinct programs to provide a cross-cutting focus on a subject concentration that is not subsumed under a single discipline or occupational field.
03	NATURAL RESOURCES AND CONSERVATION.	Instructional programs that focus on the various natural resources and conservation fields and prepare individuals for related occupations.
31	PARKS, RECREATION, LEISURE, AND FITNESS STUDIES.	Instructional programs that focus on the principles and practices of managing parks and other recreational and fitness facilities; providing recreational, leisure and fitness services; and the study of human fitness.
12	PERSONAL AND CULINARY SERVICES.	Instructional programs that prepare individuals to provide professional services related to cosmetology, funeral services, and food preparation and service.
37	PERSONAL AWARENESS AND SELF-IMPROVEMENT.	Programs that focus on the development of improved self-awareness, avoidance of stressful behavior, and improved decision-making skills. These CIP codes are not valid for IPEDS reporting.
38	PHILOSOPHY AND RELIGIOUS STUDIES.	Instructional programs that focus on logical inquiry, philosophical analysis, and the academic study of organized systems of belief and religious practices.
40	PHYSICAL SCIENCES.	Instructional programs that focus on the scientific study of inanimate objects, processes of matter and energy, and associated phenomena.
48	PRECISION PRODUCTION.	Instructional programs that prepare individuals to apply technical knowledge and skills to create products using techniques of precision craftsmanship or technical illustration.
42	PSYCHOLOGY.	Instructional programs that focus on the scientific study of the behavior of individuals, independently or collectively, and the physical and environmental bases of mental, emotional, and neurological activity.
44	PUBLIC ADMINISTRATION AND SOCIAL SERVICE PROFESSIONS.	Instructional programs that prepare individuals to analyze, manage, and deliver public programs and services.
28	RESERVE OFFICER TRAINING CORPS (JROTC, ROTC).	Instructional programs that provide professional education and training of military officers in leadership, military science and operational studies, security policy and strategy, military economics and management, and pre-officer training. These CIP codes are not valid for IPEDS reporting.
60	Residency Programs.	Programs that prepare medical doctors (MD), osteopaths (DO), dentists (DDS, DMD), veterinarians (DVM), and podiatrists (DPM) for certification as practitioners of recognized specialties in their respective professions. These programs are approved and accredited by designated professional associations and require from one to five years to complete, depending on the program. Residency programs that also result in an academic degree completion, such as an MS or PhD, should be reported under one of the clinical sciences codes located in Series 26, 51.05, or 51.25, rather than in a residency code located in Series 60. These CIP codes are not valid for IPEDS reporting.
41	SCIENCE TECHNOLOGIES/TECHNICIANS.	Instructional programs that prepare individuals to apply scientific principles and technical skills in support of scientific research and development.
43	SECURITY AND PROTECTIVE SERVICES.	Instructional programs that focus on the principles and procedures for providing homeland security, police, fire, and other safety services and managing penal institutions. Note: this series is titled Security and Protective Services" in the Canadian CIP."
45	SOCIAL SCIENCES.	Instructional programs that focus on the systematic study of social systems, social institutions, and social behavior.
21	TECHNOLOGY EDUCATION/INDUSTRIAL ARTS.	Instructional programs that provide individuals with knowledge, learning experiences and competencies pertaining to aspects of industry and technology. The programs are also designed to assist individuals in making informed occupational choices and provide preparation for entry into occupational training or education programs.
39	THEOLOGY AND RELIGIOUS VOCATIONS.	Instructional programs that focus on the intramural study of theology and that prepare individuals for the professional practice of religious vocations.
49	TRANSPORTATION AND MATERIALS MOVING.	Instructional programs that prepare individuals to apply technical knowledge and skills to perform tasks and services that facilitate the movement of people or materials.
50	VISUAL AND PERFORMING ARTS.	Instructional programs that focus on the creation and interpretation of works and performances that use auditory, kinesthetic, and visual phenomena to express ideas and emotions in various forms, subject to aesthetic criteria.

Industry Names

Code	Industry Name
1	Accommodation and Food Services
2	Administrative and Support and Waste Management and Remediation Services
3	Agriculture, Forestry, Fishing and Hunting
4	Arts, Entertainment, and Recreation
5	Construction
6	Educational Services
7	Finance and Insurance
8	Health Care and Social Assistance
9	Information
10	Management of Companies and Enterprises
11	Manufacturing
12	Mining, Quarrying, and Oil and Gas Extraction
13	Other Services (except Public Administration)
14	Professional, Scientific, and Technical Services
15	Public Administration
16	Real Estate and Rental and Leasing
17	Retail
18	Transportation & Warehousing
19	Utilities
20	Wholesale Trade

SOC Occupation Lists--first 2 digits

SOC Code	SOC Title
11	Management Occupations
13	Business and Financial Operations Occupations
15	Computer and Mathematical Occupations
17	Architecture and Engineering Occupations
19	Life, Physical, and Social Science Occupations
21	Community and Social Service Occupations
23	Legal Occupations
25	Educational Instruction and Library Occupations
27	Arts, Design, Entertainment, Sports, and Media Occupations
29	Healthcare Practitioners and Technical Occupations
31	Healthcare Support Occupations
33	Protective Service Occupations
35	Food Preparation and Serving Related Occupations
37	Building and Grounds Cleaning and Maintenance Occupations
39	Personal Care and Service Occupations
41	Sales and Related Occupations
43	Office and Administrative Support Occupations
45	Farming, Fishing, and Forestry Occupations
47	Construction and Extraction Occupations
49	Installation, Maintenance, and Repair Occupations
51	Production Occupations
53	Transportation and Material Moving Occupations
55	Military Specific Occupations

Performance Plan

Recipient Name: _____

Contact Name: _____

Contact Phone: _____

Grant #: _____

Instructions: Using the sections below, please provide a detailed description your project. This is a one-time requirement, and it will be used by DAS to monitor the progress of the project. In each of the sections, there is a subsection with instructions in *italics*. DAS recognizes that each project is unique and some may not have content for each section. Please complete this Performance Plan to the best of your ability and reach out for assistance to statefiscal.recoveryfund@das.oregon.gov if you have questions.

Context

Problem Statement

Briefly describe the problem or social issue that your program is working to address. (1-2 sentences)

Goal(s)/Mission Statement

Considering your problem statement, describe the overarching purpose, the goal(s), or mission of your project/program.

Rationale

Considering your problem statement and goal(s)/mission statement above, describe why this work is important to complete now and how the work being done affects the targeted problem or social issue.

Planned Work

Assumptions

Assumptions are the underlying beliefs about how your project/program will work. Describe key project assumptions below.

Resources and External Factors

List the resources needed to meet your project's goal(s)/mission statement. Also list any external factors in which you have little control that could influence the project's/program's success.

Activities

Please list the major activities for your project below. Each of these activities should move your project toward the intended results in the next section.

Intended Results

This section should be a bulleted list of measurable outcomes that list the expected achievements once all the activities are accomplished. E.g. number of youth referred, program participation rates, frequency, type, or duration of contacts or services.

Short-Term Outcomes (If applicable)

List items here that you expect to accomplish within the first 6 months of your project. Note: If you have a project that is anticipated to be completed within a few months of your project's start, you may skip short-term and/or intermediate outcomes and only complete the long-term or final outcomes.

Intermediate Outcomes (If applicable)

List items here that you expect to accomplish by the middle of your project. Note: If you have a project that is anticipated to be completed within a few months of your project's start, you may skip short-term and/or intermediate outcomes and only complete the long-term or final outcomes.

Long-Term Outcomes or Final Outcomes

List items here that you expect to accomplish by the end of your project.

Annual Equitable Outcomes and Community Engagement Report

Recipient Name: _____

Contact Name: _____

Contact Phone: _____

Grant #: _____

Date Submitted: _____

Promoting Equitable Outcomes

The U.S. Treasury encourages uses of funds that promote strong, equitable growth, including racial equity. Describe efforts to promote equitable outcomes, including how programs were designed with equity in mind. Using the four points below: describe how your project will consider and measure equity at the various stages of your project, describe how your project's use of funds prioritizes economic and racial equity as a goal, describe how you identified specific targets intended to produce meaningful equity results at scale and explain the strategies to achieve those targets.

The information provided in this section will be used in DAS' annual Recovery Plan Performance Report as required in the Compliance and Reporting Guidance in section C.3.

Goals

Are there particular historically underserved, marginalized, or adversely affected groups that you intend to serve within your jurisdiction?

Response:

Awareness

How equal and practical is the ability for residents or businesses to become aware of the services funded by the SLFRF?

Response:

Access and Distribution

Are there differences in levels of access to benefits and services across groups? Are there administrative requirements that result in disparities in ability to complete applications or meet eligibility criteria?

Response:

Outcomes

Are intended outcomes focused on closing gaps, reaching universal levels of service, or disaggregating progress by race, ethnicity, and other equity dimensions where relevant for the policy objective?

Response:

Community Engagement

Describe how your planned or current use of funds incorporates written, oral, and other forms of input that capture diverse feedback from community residents and community-based organizations. Where applicable, this description must include how funds will build the capacity of community organizations to serve people with significant barriers to services, including people of color, people with low incomes, limited English proficient populations, and other traditionally underserved groups.

The information provided in this section will be used in DAS' annual Recovery Plan Performance Report as required in the Compliance and Reporting Guidance in section C.4.

Response:

ATTACHMENT I
PROJECT PLAN

Instructions:
Please complete a Project Plan to submit as part of your SM Apply Application for Workforce Ready Round 2: Innovation in Workforce Programs. The below is an example of a Project Plan broken down by major objectives/milestones, the key tasks involved and anticipated start and end dates. ***Your planned activities must be completed during the period of July 1, 2023 to June 30, 2026***. This Project Plan template is being provided as a tool. You may add additional categories, lines, or use an alternative format as long as it addresses the same components.

Major Objective/Milestone	Key Task	Start Date	End Date