**City of Minneapolis Employment and Training**

**Minneapolis Community Works Application**

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| *Please complete this cover page and attach it to your application.* | |
| **RFQ REQUIREMENTS: Must be able to reply “yes” to all red boxes** | |
| **Applicant Agency:**  **□ Yes, this agency is on the Eligible Provider list for 2021-2025 – REQUIRED.**  Please use the legal name and full address. This is the fiscal agent with whom the project agreement will be executed. | **Contact Name and Address:**  (If different from the APPLICANT AGENCY) |
| **Agency Name:**  **Director Name:**  **Telephone:**  **Email:** | **Contact Name:**  **Title:**  **Telephone:**  **Email:** |
| **Address:** | **Address:** |
| **Federal Tax ID:**  **(required)** | **Minnesota Tax ID:**  **(required)** |
| **Unique Entity ID (UEI\*) Number: (required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *\*For more information on how to obtain an UEI number, please watch the video, “How to get a Unique Entity ID” that can be found on this page* [*https://sam.gov/content/home*](https://sam.gov/content/home) | |

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| **Total funding requested** | **$** |
| **Number of participants placed in jobs** |  |
| **Cost per participant placed in job** | **$** |

*I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the applicant.*

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| **Authorized Signature** | **Title** | **Date** |

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**Section 1 – Project Narrative**

**Organization Mission and Capacity (25pts)**

1. Describe how your agency’s mission and work in youth and/or adult workforce development align with the mission of Minneapolis Employment and Training: 10pts

*The mission of City of Minneapolis Employment and Training is to grow a diverse, equitable, inclusive, and competitive workforce through programming aimed at helping youth learn academic, life and work skills, identify career paths, and achieve meaningful employment; and to increase access for adults to resources that further career success, whether skills training to gain sustainable and stable employment or career counseling for rapid reentry to the workforce.*

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1. Describe any special expertise your leadership and staff have in expanding economic opportunities and eliminating workforce barriers for older youth, people of color, women, transgender individuals, people with disabilities, veterans, and/or people experiencing homelessness or at-risk of homelessness. 15pts

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**Employment Services Experience and Capacity (75pts)**

1. Describe your agency's capacity and experience in delivering the following employment and training services:
   1. Outreach to job seekers, particularly those who face barriers in the labor market. 15pts

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* 1. Determination of program eligibility; assessment of job seekers’ interests, knowledge, abilities, skills, and labor market information; and providing case management and access to wrap-around services. 10pts

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* 1. Employer engagement leading to job placement opportunities. What, if any, industry sector(s) does your agency focus on? 15pts

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* 1. Financial management, particularly grant management and subcontracting, if needed. 10pts

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1. Describe the target population(s) served by your organization in terms of income level, gender, race/ethnicity, culture or language. Provide relevant statistics. In what ways do you best serve the community you’re located in? 15pts

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1. What is your current plan for providing retention services for up to 12 months post placement? 10pts

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**Section 2 – Budget**

Provide a list and brief description of planned expenses to provide the proposed services. The following is an example of budget categories. Please customize the Budget Categories to align with the proposed services.

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| **Budget Item** | **Description** | **Total Cost** |
| Direct Services | (e.g., Staff) | $ |
| Support Services | (e.g., List services provided directly to participants) | $ |
| Indirect Costs | (e.g., Federally approved Indirect Cost Rate, *de minimus* cost rate of 10%, or Cost Allocation Method. For more information, see [2 CFR 200.414](https://www.ecfr.gov/current/title-2/section-200.414)) | $ |
| **Total Budget Costs** |  | **$** |
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