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Application for Additional Funding

This application is provided by the Real Jobs Rhode Island program to enable approved Real Jobs RI Partnerships to apply for additional funding and resources to support or enhance an approved Workforce Training Plan. Completing this form does not guarantee approval. Please provide all information requested by printing in ink or typing.

A. GENERAL INFORMATION

Type of Request: <input type="checkbox"/> Modify, expand, or replace an <i>existing</i> training program <input type="checkbox"/> Replicate or repeat an <i>existing</i> training program <input checked="" type="checkbox"/> Propose a <i>new</i> training program consistent with the partnership's Workforce Training Plan <input type="checkbox"/> Other:
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B. APPLICANT INFORMATION

Real Jobs Partnership Name RI Widgetmaking Training Partnership		
Lead Applicant Organization RI Widgetmaking Alliance	Lead Applicant Contact Person First: TOM Last: SMITH	Contact Telephone (401) 000 - 0000
Contact E-Mail Address Sample@sample.org	Are you aware of any outstanding legal, regulatory, or taxation matter related to the Lead Applicant Organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Please describe:	
Has your organization received any other funds from other entities in the last six (6) months that relate to the purpose for which you are submitting this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please describe: On May 11, 2016 the RI Widgetmaking Alliance received a \$20,000 grant from the Example Foundation to build career pathways into underserved communities. We expect that five of the individuals recruited with these funds will enter the training we are proposing.		

C. FUNDING REQUEST & TIMEFRAME

Please enter the Total Amount of this Request: \$38,000.00	Please enter the estimated timeframe for use of Requested Funds: 07/01/2016- 09/30/2016
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Please describe the purpose for which you are requesting additional funds: Since the completion of our initial widgetmaking training, the Partnership has heard from eight additional widgetmaking companies about the need for Widgetmaking Design specialists. Widgetmaking design is a highly intricate process and the position is essential to the growth and success of the company. With these funds we propose conducting widgetmaking design training for 15 individuals; no fewer than five of whom will be from traditionally underserved communities. Participants will learn the most current widgetmaking design software and spent four weeks shadowing current widgetmaking designers. We expect that no fewer than 10 of the participants will complete and enter employment with a partner employer.

D. REQUIRED DOCUMENTS

Your Application for Additional Funding should be submitted to your Grant Advisor along with the following:

- A detailed **budget** providing an account of how requested funds will be spent. At the appropriate time, expenditure documentation such as cancelled checks, invoices, or receipts will be compared against this budget by Department staff.
- A **1-3 Page Brief** describing what your partnership has accomplished to date and what the additional funding request will accomplish. Include: a list of current partners, the amount of additional funds requested, an attestation that the partnership has the capacity to manage the new funds/resources, a brief description of the proposed use of funding, and a justification of this proposed use. The justification should include:
 - How the partnership identified the need for additional funding;
 - What role the industry partners played in identifying this need;
 - A list of quantitative or qualitative outcomes that will result from the additional funds.

By signing this application, I certify that all of the information provided is complete and accurate to the best of my knowledge. I understand that any false information, omissions, or misrepresentations (whether intentional or unintentional) may result in denial of my request or, if my request is approved, may require the return of all or some of the awarded funds. I further certify that any awarded funds will be controlled by, and expended in compliance with, the terms of my FY 2016 Implementation Grant Award Agreement. If approved for funds, I agree to complete and submit a Project Modification form to add to and/or amend the original terms of said Award Agreement.

Signature of Applicant _____ **Date** _____