



Your Earmark Grant: Writing an Acceptable Earmark Grant Proposal 2008



Timeline and Process for PY 2008 Earmarks

- **Draft due to FPO**
 - **Subsequent drafts due to FPO**
 - **Final draft due to FPO**
 - **FPO's will submit complete proposal package to the Earmark Lead for final Regional-level review and for submission to PEC**
 - **PEC review and submission to grant officer**
-
- These timelines will be established by your Regional FPO in conjunction with the PEC





Timeline and Process for PY 2008 Earmarks

- **Should additional revisions be requested, please work with your FPO to make them aware ASAP and to review for completeness. The PEC or Grant Officer may request changes or clarification as appropriate**
- **Expect several weeks processing time once a proposal leaves the Regional Office**





The Proposal Template: An Essential Tool



The Earmark Training Conference – Writing An Acceptable Earmark Grant



Earmark Proposal To:
Department of Labor
Employment and Training Administration

Project Title:
Title of Project

Submitted By:
Name of Organization
Street
Anytown, State 12345
Telephone: 111 222-3333
Fax: 111 444-5555
email@organization.com

Date:
April 30, 2008





SF 424, Application for Federal Assistance

- Check for completeness
- Instructions in Reference Book 1
- Grantee must include both an EIN number and 9-digit DUNS number

OMB Number: 4040-004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* Other (Specify):	
* 3. Date Received: Completed by Grants.gov upon submission: _____		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: _____					
* b. Employer/Taxpayer Identification Number (EIN/TIN): _____			* c. Organizational DUNS: _____		
d. Address:					
* Street1: _____					
Street2: _____					
* City: _____					
County: _____					
* State: _____					
Province: _____					
* Country: USA; UNITED STATES					
* Zip / Postal Code: _____					
e. Organizational Unit:					
Department Name: _____			Division Name: _____		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		* First Name: _____			
Middle Name: _____					
* Last Name: _____					
Suffix: _____					
Title: _____					
Organizational Affiliation: _____					
* Telephone Number: _____				Fax Number: _____	
* Email: _____					





SF 424, Application for Federal Assistance

- (11) Must be completed with your CFDA number
- (15) Must include descriptive title of project

OMB Number: 4945-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type: <input type="text"/>	
Type of Applicant 2: Select Applicant Type: <input type="text"/>	
Type of Applicant 3: Select Applicant Type: <input type="text"/>	
* Other (specify): <input type="text"/>	
* 10. Name of Federal Agency: U.S. Department of Labor - Employment and Training Administration	
11. Catalog of Federal Domestic Assistance Number: CFDA Title: CFDA # 17.261. CFDA Title: Congressional Earmark 2008	
* 12. Funding Opportunity Number: * Title: <input type="text"/>	
13. Competition Identification Number: Title: <input type="text"/>	
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text"/>	
* 15. Descriptive Title of Applicant's Project: <input type="text"/>	
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>	





SF 424, Application for Federal Assistance

- (17) Proposed start and end date
- (18) Total dollar amount consistent with appropriate/rescission amount
- (21) Must contain an original signature; it cannot be a copy, fax, stamp, etc.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on .
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
 Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102





Abstract

- **State the Project Purpose**
- **Refer to Appropriation Act and WIA Sec. 171**
- **Some projects may not qualify under WIA and may need to be redesigned.**
- **Concise information about project (Who, What, Why, How)**
- **No more than one page long**

1. Abstract

SEE PROPOSAL GUIDE, SECTION 1, for detailed instructions and examples. Recommend one page.

ANSWER these questions:

WHAT is the purpose that the project is intended to accomplish? This must reiterate the purpose contained in the Earmarked Appropriation line of the Congressional Conference Report but you may add clarifying details. Recommended one paragraph or less

WHO are the grantee and the project partners? Provide applicant organization's name. Briefly describe roles, contributions of key partners, and other substantial contributors. Recommend a paragraph or less.

WHY are you implementing this project? Briefly describe the needs addressed by the project. Recommend a paragraph or less.

WHAT OUTCOMES do you anticipate for your projects? These will commonly be stated in terms of outcomes for individuals, but may include other desired outcomes depending on the project.

HOW will you deliver services? Discuss components of the project and how they relate to the need. Mention any unique features of your service methods or delivery mechanism. Recommend one or two paragraphs.

Purpose Should
Correspond to
appropriation Act and
WIA Sec. 171.





Abstract

Information NOT to Include:

- Organization's mission statement
- Information not related to grant
- Very long sentences

1. Abstract

SEE PROPOSAL GUIDE, SECTION I, for detailed instructions and examples. Recommend one page.

ANSWER these questions:

WHAT is the purpose that the project is intended to accomplish? This must reiterate the purpose contained in the Earmarked Appropriation line of the Congressional Conference Report but you may add clarifying details. Recommended one paragraph or less

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Purpose Should
Correspond to
appropriation Act and
WIA Sec. 171.





WIA Sec. 171 See Appendix B

- **Demonstration and Pilot Projects**
 - Must provide direct services to individuals to enhance employability
 - Used for most Earmarked Grants
- **Multiservice Projects**
- **Research Projects**
- **Multistate Projects**





Statement of Need

- **Project's Purpose**
- **Description of Major Issues Addressed**
- **Individuals to be Served (Participants)**
- **Description of Impacted Area**





Statement of Need

- **Project's Purpose**
- **What's the project's intended accomplishment?**
 - Reiterate the purpose contained in the Earmarked Appropriation line of the Congressional Conference Report.





Statement of Need

- **Description of Major Issues**

- What problem will the project address (unemployment, under skilled workforce, reintegration of offenders into society? lack of curricula?)
- Factual information
- Section 171 of WIA
(such project's shall include the provision of direct services to individuals to enhance employment opportunities)





Statement of Need

- **Individuals to be Served**
 - Target Population?
 - Description
 - Eligibility Criteria
 - Rationale





Description of Impacted Area

- **Area Delineated**
 - Delineate the boundaries of the geographic area
 - Describe the physical and social features of area





Description of Impacted Area

- **Labor Market Information for Area**

- Describe the principal employment needs and conditions relevant to the project.

Targeted Occupations	Current Employment	Growth Forecast	Average Wage





Description of Impacted Area

- **Socioeconomic Information for Area**
 - Provide additional information about the area that was not included in the issues section





Helpful Information

Some Sources of Information:

- **America's Labor Market Information**
www.doleta.gov/almis
- **Bureau of Labor Statistics**
www.bls.gov
- **America's Career InfoNet**
www.acinet.org/acinet





Statement of Work

- **Project Goals**
- **Major Project Components**
- **Work Schedule**
- **Partner/Collaborator Participation**
- **Linkages with the Workforce Investment System**





Statement of Work Project Goals

- **For each of the issues identified, provide one or more goals for what the project is to accomplish by the end of the grant period. Goals should be action oriented, measurable (preferably quantifiable) and time-specific.**
- **The goals should be no longer than a sentence each.**





Statement of Work Major Project Component's

- **For each major project component, discuss: who provides what, when, and where, and delivery methods**
- **If some components are funded from other funding sources, they can be included here but separate funding should be explained**
- **Allow two or more paragraphs per component. (Secondary activities/tasks are to be listed later as part of the Work Schedule)**





Statement of Work Component (con't)

- **Component Activity (What)**
- **Location (when & where)**
- **Delivery Method (How)**
- **Responsible Partner (Who)**



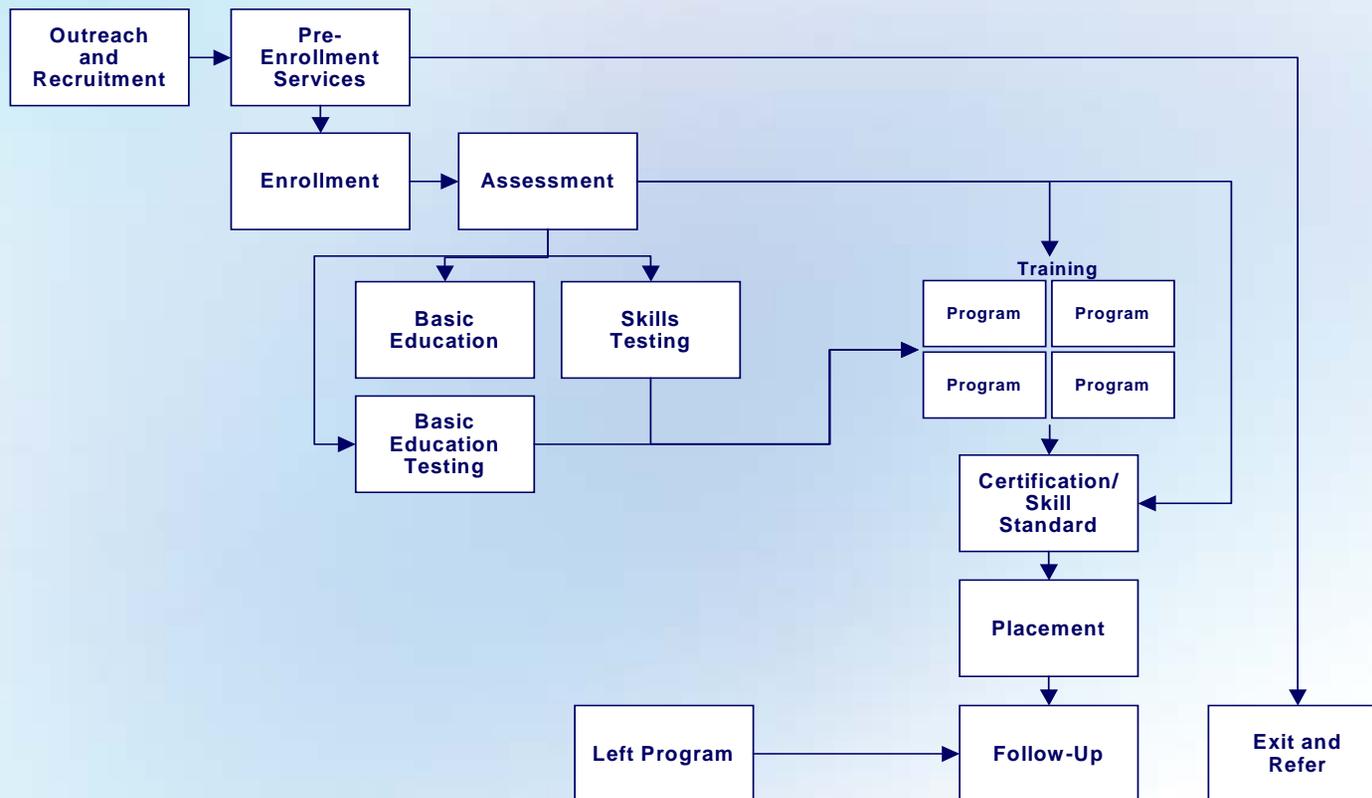


Statement of Work Component

<u>Component</u>	<u>What</u>	<u>Location</u> (when & where)	<u>Delivery Method</u> (how)	<u>Responsible Partner</u> (who)
Participant Outreach and Assessment	Recruitment	BBC and local one Stop; ongoing	Outreach visits to local One Stops	BBC and ABC Education Services
Curriculum Development	Identify critical skills and develop nine week contextual training	BBC, Inc, ZZZ Paper and DEF Manufacturing	Customized for critical jobs identified	BBC, Manufacturers Union, ABC Education Services; ZZZ and DEF



Statement of Work Services Flow Chart





Statement of Work Work Schedule

- Complete a Work Schedule chart
- Take components directly from Section 4.B(1). Shorter projects do not need to include a full 2nd year in the Work Schedule

Sample Work Schedule

Project Component	Task/Activity	Year 1				Year 2				Staff/ Organization Responsible
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	
Participant Outreach & Recruitment Outreach efforts reach at least 75 potential participants	Send letters to profiled workers identified by local One-Stop and unemployment list.	X								Case Managers, Administrative Assistant
	Advertise opportunities locally if necessary	X								Case Managers, Administrative Assistant
	Potential participants complete intake & eligibility	X								Case Managers, Administrative Assistant
Curriculum Development	Potential participants are referred to ABC education services for assessment; make support services referrals.	X								Case Managers
	Hire or transfer staff responsible for curriculum development	X								Executive Director
	Conduct meetings with ABC Education Services, Manufacturers Union, ZZZ Paper and DEF Manufacturing to identify critical jobs and required skill sets	X	X							BBC
Implement Basic Skills Training	Develop nine week contextual training and obtain final approval for implementation	X	X							ABC; Curriculum Developer
	Perform assessments	X	X							ABC
	Place participants in basic skills training and or ESL as determined by assessment.	X	X							Case Managers
Technical Training	Conduct Basic Skills Training		X							
	Select 50 individuals to participate in contextual training.		X							Project Director; Case Managers
	Conduct nine week training on site at ZZZ and DEF Manufacturing			X						ABC Education Trainer, ZZZ Paper and DEF Manufacturing Staff
Assess Training Outcomes (Follow-up activities)	Refer training completers to ZZZ Paper and DEF Manufacturing for job openings			X	X					Project Director; Case Managers
	Follow up with ZZZ Paper and DEF Manufacturing on referral outcomes				X					Project Director; Case Managers
Evaluation Evaluation activities promote quality management and meet DCL requirements for an evaluation.	Contact training participants and employers to assess impact of training.			X						Case Managers
	Select Evaluator.		X							Project Director
	Review evaluation plan for completeness and accuracy.	X								Evaluator
	Submit final report.					X				Evaluator





Statement of Work Partner/Collaborator Participation

- **Discuss partner commitments, including services delivered by partners that are essential to the project's implementation and success. Recommend a paragraph per partnering organization**
- **Refer to any Letters of Commitment that describe specific services which will be provided by a partner. Note that a letter of support does not qualify as a letter of commitment. Only attach letters of commitment**





Statement of Work *Linkages with Workforce Investment System*

- Describe what efforts have been made to link the project with the State and/or local workforce investment system, or other DOL-funded activities
- Does the grantee have a formal agreement with the State and/or local Workforce Investment Board, including the Career One-stop operator?
- If yes, please describe the nature of the agreement





Project Outcomes Performance Measures

- **Performance Measures and planned Outcomes**
 - For each project or goal, identify the performance measures that will determine whether the project was successful
 - Include specific and quantifiable benchmarks that are objective standards





Project Outcomes Performance

Performance Table		
Name of Performance Measure	Measure Definition of Formula	Planned Level of Outcomes
Measure 1:		
Measure 2:		
Measure 3:		
Measure 4:		

- This table can be used to determine if the project was successful during the grant period
- What is included in the numerator and denominator
- What data that are excluded
- What's the measurement's time period





Project Outcomes Evaluation

- **Evaluation Component**
- WIA demonstration grants are required to have an evaluation report completed following the project's completion. The cost of the evaluation should be allowed for in the project budget and the evaluation should be included in the Work Schedule as a component. The cost of the evaluation should be kept to a minimum.





Management and Personnel

- **Applicant Organization and Project Administration**
 - Applicant Organization
 - Organization Structure
 - Location of Project with Organization's Structure
- **Project Administration**
 - Project Oversight and Start-up Responsibilities
 - Fiscal Responsibilities and Processes
 - Reporting Responsibilities and Process





Management and Personnel Applicant Organizational Structure

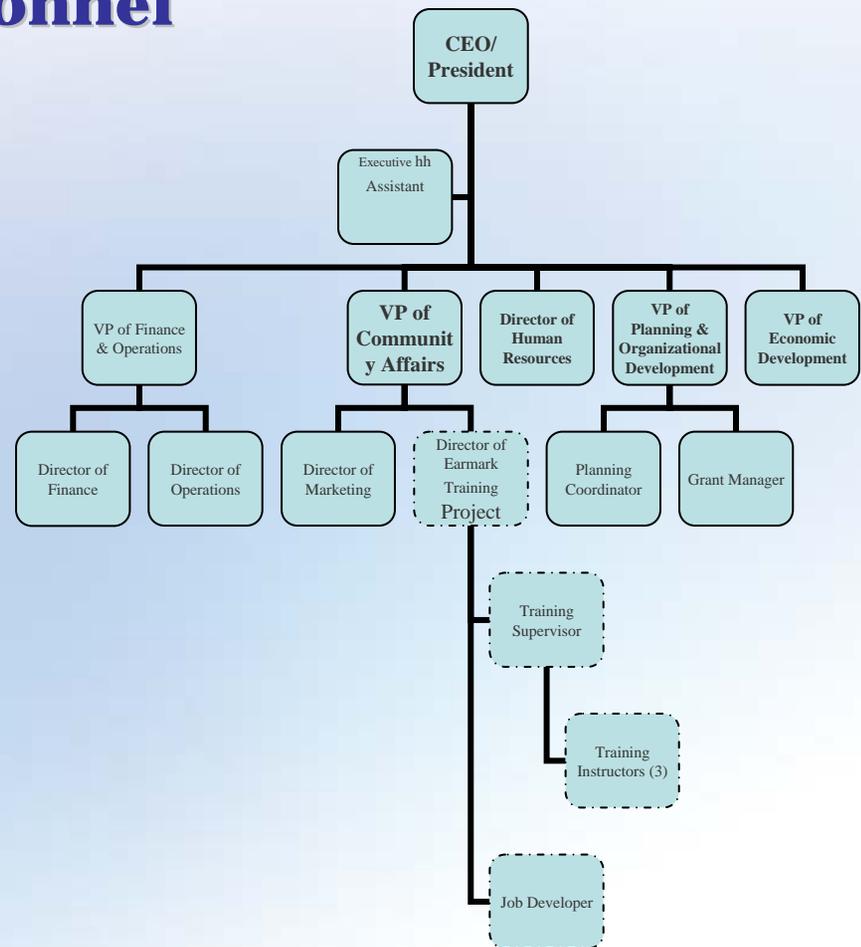
- **Describe Structure**
- **Legal Form**
- **Major Units**
- **Governance**





Management and Personnel

- Location of Project within Organization's Structure
- Related Services





Management and Personnel Organizational flow chart

- **Example of Smaller Organizational Chart**





Management and Personnel Project Administration

- **Who's responsible for:**
 - Project oversight and start up activities
 - day-to-day activities
 - Fiscal Responsibilities
 - Reporting Responsibilities





Management and Personnel Staffing Level Rationale

- **Basis for project staffing**
 - Staff per participants
 - Case Managers
 - Instructors
 - Key Staff





Management and Personnel Key Staff

- **Description of:**
 - Key Staff
 - Qualifications & Experience
 - Responsibilities





Sustainment Plan

- **The continuation of project after grant period**
 - Answer these questions:
 - How will project sustain itself
 - Organizations involved in sustainability
 - Future Funding Opportunities

