*Complete this document in its entirety to apply for funds from the Governor’s Office of Appalachia Regional Job Training Program*

*Pre-Applications due to the OMEGA Office by* ***4:00 pm, August 31, 2018.***

**IMPORTANT: THE MAXIMUM GRANT REQUEST IS $250,000; HOWEVER, OMEGA RESERVES THE RIGHT TO LOWER THE AMOUNT REQUESTED IF NEEDED TO BETTER SERVE THE REGION. LOCAL MATCH IS NOT REQUIRED.**

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| --- | --- |
| **1. Project Title:**  *Descriptive Title of Project* |  |
| **2. Project Grantee:**  *Applicant’s Legal Name* |  |
| **3. Contact Person:**  *Name*  *Title*  *Complete Address*  *Phone*  *E-Mail* |  |
| **4. Counties Served:**  *Name & Economic Status of each County Served (1)* |  |
| **5. Funding:**  *Include all project funding sources to nearest $100. More lines can be added if needed. Match is* ***not*** *required.* | |  |  |  |  | | --- | --- | --- | --- | | **Type** | **Amount** | **%** | **Source** | | Regional Job Training Program |  |  | Casino License Fee Fund | | Federal |  |  |  | | State |  |  |  | | Local |  |  |  | | Private |  |  |  | | **Total** |  | **100%** |  | |
| **6. Project Description:**  *Describe major activities to be conducted. Address who, what, when, where, and how for each major activity. (one to two paragraphs maximum)* |  |
| **7. Training Details:**  *Number of individuals trained; type of training; cost of training; name/ organization of trainer; length of training; number of participants who receive jobs; and if applicable, type of certificate, credential or college credit received upon completion of training. (Two paragraphs minimum).* |  |
| **8. Collaborative Partnerships:**  *Identify local, regional or state partnership that will support the project. Note steps taken to ensure that workforce community was engaged in project discussions. (One paragraph maximum)* |  |
| **9. Project Sustainability and Capacity:**  *Describe your capacity to undertake the proposed activity by describing previous experience with similar activity. (One paragraph maximum)* |  |
| **10. Impact Measures:**  *Provide number for all that apply; otherwise list NA.* | |  |  |  | | --- | --- | --- | | **Output** | | | |  |  | Workers/Trainees Served | |  |  | Businesses Served | |  |  | Communities Served | |  |  | Students Served | |  |  |  | | **Outcome** | | | |  |  | Workers/Trainees Improved | |  |  | Businesses Improved | |  |  | Communities Improved | |  |  | Jobs Created | |  |  | Jobs Retained | |  |  | Students Improved | |  |  |  | |

**Notes/Instructions**

1. The Economic Status of Belmont, Carroll, Columbiana, Coshocton, Guernsey, Harrison, Holmes, Muskingum, and Tuscarawas Counties is **Transitional,** and the Economic Status of Jefferson County is **At Risk**.
2. Include the following documentation with the pre-application
   1. Itemized budget using Excel Spreadsheet
   2. Cost estimate on vendor letterhead for equipment purchases
   3. Letters of support from businesses for proposed training
   4. Documentation on local share, other funding sources, or in-kind contributions:

* For cash contributions, signed commitment letters with dollar amount
* For in-kind personnel, total hours, rate of pay and type of services provided
* For in-kind equipment, total fair market value of the equipment
* For in-kind space, total square footage, cost per square foot, how and when used

1. Applications must be submitted electronically to Alan Knapp, ARC Program Manager at [alank@omegadistrict.org](mailto:alank@omegadistrict.org).
2. Submit Pre-Application as a **Word Document** and Budget as an **Excel Spreadsheet**. Other supporting documentation should be submitted as a pdf.
3. Questions: Contact Alan Knapp at (740) 439-4471, ext. 211 or alank@omegadistrict.org