



22

COMMUNITY
MITIGATION
FUND

___ check if a joint application

Appendix E – Workforce Development Application

BD22-1068-1068C-1068L-68403

Please complete the entire Application.

1. PROJECT INFORMATION

a) NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT AND VENDOR CODE

	Vendor Code:
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b) PROJECT NAME (LIMIT 10 WORDS)

c) BRIEF PROJECT DESCRIPTION (LIMIT 50 WORDS)

d) CONTACT PERSON(S)/TITLE (Persons with responsibility for this grant)

e) PHONE # AND EMAIL ADDRESS OF CONTACT PERSON(S)

f) MAILING ADDRESS OF CONTACT PERSON(S)

2. IMPACT DESCRIPTION/CONNECTION TO GAMING FACILITY

a) Please describe in detail the impact that is attributed to the operation of a gaming facility.

b) Please provide specific documentation or evidence that gives support for the determination that the operation of the gaming facility caused or is causing the impact. (i.e.: surveys, data, reports)

c) Please demonstrate the significance of the workforce need faced by the region, related to the operation of a gaming establishment.

d) How do you anticipate your proposed remedy will address impact?

3. SCOPE/ PROPOSED USE OF WORKFORCE DEVELOPMENT FUNDS

a) Please provide a brief summary of the scope/proposal, including the amount requested. In determining the funding request, please round up to the nearest hundred dollars.

b) Please identify in detail the manner in which the funds are proposed to be used. Include a timetable for the programming described.

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c) Please describe the deliverables, including number of individuals to be served, number of hours, projected outcomes, location of program, cities and towns served.

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d) Please provide information regarding any meetings (include dates) and communications with Licensees and related industries regarding specific workforce needs and what feedback they provided.

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e) Please provide detailed budget(s).

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f) Please provide documentation (e.g. - invoices, proposals, estimates, etc.) adequate for the Commission to ensure that the funds will be used for the cost of mitigating the impact from the operation of a proposed gaming establishment.

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4. COLLABORATIVE PARTNERS

a) Please list any collaborative partners and subgrantees. Define the roles of each entity.

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b) Please list any matched funds or other leveraged resources and program supports provided by local communities, state or private funders or other partners

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c) Please describe your plans to ensure outreach to local and diverse communities.

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5. MEASUREMENT OF IMPACT

a) How will you measure the effectiveness of the proposed project in mitigation impacts? How will you provide the data for reporting? Include indicators proposed to measure results.

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6. INTERNAL CONTROLS/ADMINISTRATION OF FUNDS

a) Please provide detail regarding the internal controls that will be used to ensure that funds will only be used to address the impact

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b) If non-governmental entities will receive any funds, please describe what reporting will be required and how the applicant will remedy any misuse of funds.

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7. CERTIFICATION BY MUNICIPALITY/GOVERNMENTAL ENTITY

On behalf of the aforementioned municipality/governmental entity I hereby certify that the funds that are requested in this application will be used solely for the purposes articulated in this Application.

**Signature of Responsible Municipal
Official/Governmental Entity**

Date: _____

(print name)

Title: