



**APPENDIX E**

**2020 Workforce Development Program Grant Application  
BD-20-1068-1068C-1068L- 46130**

Check if a joint application

*Please complete the entire Application.*

1.	NAME OF MUNICIPALITY/GOVERNMENT ENTITY/DISTRICT
2.	PROJECT NAME (limit 10 words)
3.	BRIEF PROJECT DESCRIPTION (limit 50 words)
4.	NAME AND TITLE OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
5.	ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
6.	PHONE # AND EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO COMMIT FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
7.	NAME AND TITLE OF CONTRACT MANAGER RESPONSIBLE FOR HANDLING OF FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
8.	ADDRESS OF CONTRACT MANAGER RESPONSIBLE FOR HANDLING OF FUNDS ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
9.	PHONE # AND EMAIL ADDRESS OF CONTRACT MANAGER ON BEHALF OF MUNICIPALITY/GOVERNMENTAL ENTITY
10.	NAME OF GAMING LICENSEE

**1. IMPACT DESCRIPTION**

a) Please describe in detail the impact that is attributed to the operation of a gaming facility. Please provide support that the operation of the gaming facility caused or is causing the impact.

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

**2. PROPOSED MITIGATION (Please attach additional sheets/supplemental materials if necessary.)**

a. Please identify the amount of funding requested

b. Please identify below the manner in which the funds are proposed to be used. Please provide detailed scope, budget and timetable for the use of funds.

c. 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.

d. Please describe how the mitigation request will address the specific impact indicated.

**3. CONNECTION TO GAMING FACILITY**

- a. Please provide specificity/evidence that the requested funds will be used to address issues or impacts directly related to the gaming facility.

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

**4. SCOPE OF PROJECT**

Please describe the scope of the Project including description of training/education program, topics, number of hours, number of individuals to be served, location, cities and towns served, and deliverables.

**5. COLLABORATIVE PARTNERS**

- a. Please define the roles of the applicant and any collaborative partners.

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

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

**6. MEASUREMENT OF IMPACT**

Please describe how you propose to measure the impact of your program including indicators proposed to measure results.

**7. INTERNAL CONTROLS/ADMINISTRATION OF FUNDS**

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

**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