\* Required

## CareerRise FY2021 Investments Application

Please complete the form to submit your organization's application for CareerRise FY21 support. If you have any questions please contact Natania Carter, <a href="mailto:ncarter@unitedwayatlanta.org">ncarter@unitedwayatlanta.org</a> or 404-527-3501. The RFP can be accessed here: [insert web address]. This application is due on April 3, 2020 by 5:00 pm.

Please prepare your responses in a separate document as your work will not be saved if you exit the form prior to submission. A copy of this google form is included in the RFP.

If you are completing this form, please provide your email address below.

1. Email address \* 2. What is the name and physical address of the Lead Organization? \* Please also attach a signed commitment letter from the executive director of the lead organization. 3. Lead Organization's website url: \* Responses must begin with: https:// List the Name, Title and Phone Number of the Project Manager. \* 4.

5.	Project Manager's Email: *
6.	List and number all employer partners in your industry partnership. * Include: Organization Name, Level of Employer Engagement (see RFP for more details), Contact Name, Contact Title, Contact Email and Contact Phone Number
7.	List and number all non-employer partners in your industry partnership. * Include: Organization Name, Contact Name, Contact Title, Contact Email and Contact Phone Number
8.	Do you agree to comply with Atlanta CareerRise data collection requirements if selected for this opportunity? *
	Mark only one oval.
	Yes
	No

9.	Do you agree to participate in Atlanta CareerRise learning and capacity building activities if selected for this opportunity? *			
	Mark only one oval.			
	Yes			
	No			
II. Program Plan and Outcomes		Please complete the questions below to provide information on all of the programmatic aspects of your industry partnership.		
10.	What is the name	e of your program? *		
11.		n serve job seekers or incumbents? *		
	Mark only one oval.			
	Jobseekers only (unemployed and underemployed individuals)			
	Incumbent employees only (individuals that are already working in the industry sector that your program is focused on)			
	Both jobseek	ers and incumbent employees		

12.	Which metro Atlanta county or counties will your program primarily serve? Select all that apply. *
	Check all that apply.
	Butts
	Cherokee
	Clayton
	Cobb
	Coweta
	DeKalb
	Douglas
	Fayette
	Fulton
	Gwinnett
	Henry
	Paulding
	Rockdale
	Other:
13.	Which industry sector is your program focused in? Select all that apply. *
	Check all that apply.
	Construction and Skilled Trades
	Energy Efficiency (Clean Energy and Green Jobs)
	Film/Media
	Healthcare
	☐ IT (Information Technology)
	Maintenance
	Manufacturing/Advanced Manufacturing
	Retail
	TDL (Transportation, Distribution and Logistics)
	Other:

14.	Describe the occupations or jobs that your program will prepare individuals for and potential career pathways that would lead to sustainable wage careers with additional training and certification. Please also list the certifications that successful graduates will receive. *			
	E.g. A healthcare pathway may include- Certified Nursing Assistant (CNA) > Licensed Practical Nurse (LPN) > Registered Nurse (RN); See RFP for more details.			
15.	Problem Being Addressed (See RFP for more details) *			
16.	Description of Partnership and Activities to Date (See RFP for more details) *			

Placemer	nt Strategy *				
Please desc describe any	ribe the program's strategy to support jobseekers and connect them to employment. Pleas commitments from employers to interview and/or hire program graduates if applicable. If ely serves incumbents please mark this response as N/A.				
Projected	Projected Participant and Project Outcomes *				
	Describe measurable outcomes for job seekers and/or incumbent employees as well as broader project outcomes.				

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20.	Total Amou	nt of CareerRise Funds Requested: *
	Do not include	the dollar sign symbol in your response
21.	Budget Nari	rative and Justification: *
	•	the rationale behind the projected expenses in the budget categories in sufficient detail for derstand how the expenditures contribute to the overall program.
22.	(If Applicabl	le) Total Amount of Co-investment Funds
	• •	the dollar sign symbol in your response
23.	• • •	le) Co-investment Commitments
		and value of matching commitments in the program by partners. Note: These should be attachments as support letters from partners indicating value of commitment. Please also contributions.
		Please combine all attachments into one file to be uploaded. The following documents should be included:
		-Signed Commitment letter from the Executive Director of the Lead Organization -Career Pathway Chart
IV.		-Program Budget
At	tachments	-Support letters from partners (If Applicable) Project plan table/figure and additional materials pertaining to the

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24.	(Optional) Is there any additional information that the partnership would like to briefly share? *
	Sherry share.

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