**Workforce Development Board**

**Funds Request for Grant Writing Support Services**

**Applicant Information:**

Economic Growth Region: Click here to enter text.

Eligible Applicant Agency Name: Click here to enter text.

Address (Administrative Office): Click here to enter text.

Address (Other): Click here to enter text.

Agency Telephone Number: Click here to enter text.

**Funding Request Information:**

1. Please include the amount of funding requested: Click here to enter text.
2. Will the requested funds be leveraged with other resources for grant writing support services? If yes, please explain. Click here to enter text.
3. How do you anticipate utilizing the funding to further your Region’s efforts to identify and apply for grant(s) and/or other partnership opportunities? Click here to enter text.
4. Do you anticipate utilizing the funding to contract with an outside resource? If so, who? Click here to enter text.
5. Do you have a particular grant opportunity in mind that you plan to pursue if awarded these funds? Click here to enter text. If so, what is the timeline?
6. Has your Region applied for any non-DWD funded grant or other private funding opportunities in the last two years? Were you successful? If so, please explain. Click here to enter text.
7. Has your Region historically prepared grant applications in-house or do you typically utilize outside resources to pursue grant funding opportunities? Click here to enter text.

**Agency Contact Information:**

Signing Authority Name[[1]](#footnote-1): Click here to enter text.

Signing Authority Phone: Click here to enter text.

Signing Authority Email: Click here to enter text.

Financial Officer Name[[2]](#footnote-2): Click here to enter text.

Financial Officer Phone: Click here to enter text.

Financial Officer Email: Click here to enter text.

Program Contact Name[[3]](#footnote-3): Click here to enter text.

Program Contact Phone: Click here to enter text.

Program Contact Email: Click here to enter text.

**Applicant Statement of Certification**

This proposal was prepared independently without consultation, agreement or cooperation with any other proposing agency or party. This proposal has been duly authorized by the governing body of the applicant. The applicant understands that it is required to comply with all applicable federal, state, and local laws, rules, regulations, and ordinances in submitting this application and as a requirement of any subsequent award of grant funds.

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Printed Name, Agency Signing Authority Signature, Agency Signing Authority

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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Printed Name, WDB Chair Signature, WDB Chair

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Date

1. Signing Authority is the person who will sign the contract electronically in the State’s electronic grant agreement System. [↑](#footnote-ref-1)
2. Financial Officer is the person who will receive electronic transfers and is responsible for submitting required fiscal reports. [↑](#footnote-ref-2)
3. Program Contact is the person who will have day to day oversight of the program and is the main contact for DWD. [↑](#footnote-ref-3)