Application Preview

Overview

1. **Applicant Information**
   a. Applicant Information Name
   b. Organizational Unit
   c. Address
   d. Address 2
   e. City   State   Zip
   f. Federal ID Number   Reference No.   Unique Entity Id.

   g. Agency's fiscal year (beginning month and day)

   h. Agency Type

   ○ Community College / University   ○ Employer

   ○ Local Government   ○ Non-Profit

   ○ For-Profit   ○ Registered Apprentice Sponsor

   ○ Regional Training Center   ○ State Agency

   ○ School District   ○ Tribal Government

   ○ Training Trust   ○ University

   Is your organization affiliated with any other STEP grant applicant?   ○ Yes   ○ No

   If yes, please list which orgranization(s).

   Tell us about your organization.

   Continue here if necessary (1024 character limit):

2. **Project Information**
   a. Project Information Name
   b. Is implementing agency same as Applicant Information   ○ Yes   ○ No
   c. Implementing Agency Name
      Address

      City   State   Zip
      Phone   Fax
   d. Project Start Date   End Date
   e. Amount of Funds Requested   Project Cost

   f. **Number of participants to be trained:**

   g. **Grant cost per participant:**

   h. **In 250 characters or less, please describe the main objective of your project. (If you had to describe your training program to someone in an elevator, what would you tell them about your project?) Please use no more than two to three sentences.**

   i **If awarded a grant, how much does your organization plan to contribute to the project using other resources? (In-Kind contributions, Leveraged Resources, etc.)**

   j **Please describe the contributions you plan to use for the project. In example, describe the types of contribution your organization will use that are not grant funds.**

SAMPLE

3.   Contact Information

a. Contact Type
    Name
    Title
    Mailing Address
    City   State   Zip Code
    Telephone   Fax
    E-mail Address

Certifications

Certifications

Any modification or failure to submit a signed certification with the application will result in the application being determined non-responsive and not subject to further consideration.

I have reviewed and understand the terms, conditions and requirements of the program and agree to meet all federal and state requirements if selected for funding.   ☐ Yes   ☐ No

I certify that all information contained in this application and any attachments is true and accurate, and I understand that falsification of information may be cause for application disqualification or award revocation and repayment of any funds provided.   ☐ Yes   ☐ No

I certify that funds received pursuant to this request will only be used for training and support services for eligible participants and that the grant funds will not supplant or displace other existing public or private funds allocated to the training program.   ☐ Yes   ☐ No

I further certify that the information provided in this grant application will remain in effect for up to 90 days following the date of this certification.   ☐ Yes   ☐ No

Name of Authorized Representative

Title

Date Signed

Project

1.   Project Overview

> **The intent of STEP funding is to augment current training efforts. It is not intended to replace or supplant existing resources for training nor intended for startup costs.**
>
> **b. Provide a detailed overview of the training proposed to give the "big picture" of the type of training. What you include here will be included in your grant agreement as the Scope of Work if approved for an award. Please include how your organization will assist participants in obtaining/maintaining employment within one year of successful completion of training.**

Continue overview here if necessary (1024 character limit):

Continue overview here if necessary (1024 character limit):

Continue overview here if necessary (1024 character limit):

c. Select the economic region(s) where the individuals will be recruited and trained:

☐ Southcentral Region (Anchorage/Matsu)   ☐ Gulf Coast Region   ☐ Interior Region

☐ Northern Region   ☐ Southeast Region   ☐ Southwest Region

d. Identify the single category that best describes the proposed training as defined in the RGA:

○ Industry Specific Training   ○ Work-Based Learning (OJT/Internships)

○ Company Specific Customized Job-Linked Training   ○ Registered Apprenticeship

○ Pre- apprenticeship   ○ Other

e. Identify the industry or industries that will benefit most from the proposed training.

☐ Alternative & Renewable Energy   ☐ Construction

☐ Education   ☐ Health Care

☐ Hospitality & Tourism   ☐ Information Technology

☐ Maritime & Seafood Processing   ☐ Natural Resource Development (oil, gas, and mining)

☐ Other   ☐ Transportation

f. If the training being provided is not in a priority industry, please give an explanation why it should be considered for this grant.

g. Is the proposed training targeting Alaska workers in an effort to reduce non-residents working in occupations and industries identified in the 2019 Nonresidents Working in Alaska Report?   ○ Yes   ○ No

If yes, list the occupations targeted for training. (1024 character limit):

h. Is the proposed training specifically designed to train individuals who are incarcerated or were recently incarcerated with the goal of reducing recidivism? (We understand that you may offer and/or serve participants who were or have been incarcerated. This question is asking if your organization has designed the training for this target group only).   ○ Yes   ○ No

If yes, who are the training partners you are working with for this target population?

Please describe the process on how participants are recruited from this target group?

What percentage of the total number of participants proposed in this application will be from this target population?

i. Is the proposed training specifically designed to train women and minorities? (We understand that you may offer and/or serve women and minorities. This question is asking if your organization has designed the training for this target group only).   ○ Yes   ○ No

If yes, who are the training partners you are working with for this target population?(1024 character limit)

Please describe the process on how participants are recruited from this target group?

What percentage of the total number of participants proposed in this application will be from this target population?

j. Is the proposed training specifically designed to train individuals in the health care industry? (We understand that you may offer and/or serve participants who are in the healthcare industry. This question is asking if your organization has designed the training for this target group only).   ○ Yes   ○ No

If yes, who are the training partners you are working with for this target population? (1024 character limit):

Please describe the process on how participants are recruited from this target group?

What percentage of the total number of participants proposed in this application will be from this target population?

k. Is the proposed training specifically designed to train individuals in the mining industry? (We understand you may offer and/or serve participants who are in the mining industry. This question is asking if your organization has designed the training for this target group only).   ○ Yes   ○ No

If yes, who are the training partners you are working with for this target population? (1024 character limit):

Please describe the process on how participants are recruited from this target group?

l. Is the proposed training aimed at training young adults ages 18-24?   ○ Yes   ○ No

If yes, what percentage of the total number of participants proposed in this application will be from this target population?

m. List occupation(s) within the industries you selected or described above that employment and training will focus on. For each occupation, list the hourly rate of pay a participant is expected to earn within one year from successful completion of training. Identify the data source used for this determination. (1024 character limit):

Occupations	Post Training Expected Hourly	Wage Source Data

	Rate	

2. Training Outcomes

a. There are two tables below. Complete as applicable to the target training audience. Identify the certificates or credentials to be earned by participants, including the type (national/industry recognized or state), and the certifying organization. The first table is for apprentice and journey level occupations only. (Please scroll below the tables for additional questions.)

Certification or Credential	Certification Type (National/Industry Recognized or State) and Certifying Organization	Occupation	# of hours or weeks to complete	# of Apprentices to be trained	# of Journey Level Workers (workers who were previously apprentices but have achieved offical journey level status)

b. Complete the following table for non-apprentice occupations only.

Certification or Credential	Certification Type (National/Industry, State, Local) and Certifying Organization	Occupation	# of hours or weeks to complete	# of Unemployed Indviduals to be Trained	# of Employed Individuals to be Trained

3. Participant Support Services

Participant support services may be used to support participants during training. Examples of support services include basic tools, books, and supplies; transportation to and from the training location; meals and temporary housing; and required license and certificate fees. Support services must be identified in the budget.

a. Will participant support services be necessary in order to provide the proposed training?   ○ Yes   ○ No

If yes, list the support services that participants will be provided during training. Identify whether they will be funded by STEP, leveraged by your organization, or leveraged by a partner organization, or a combination thereof. (1024 character limit)

Continue here if necessary (1024 character limit):

4. Project Activities

a. Training Timeline

Identify your project's main activities and training timeline, by month, for the fiscal year July 1 – June 30. Include recruitment, preparation and training activities for the month in one entry. If there's no activity for any month, please enter no activity. For example:

July – No Activity

August – Prepping for MSHA training that will occur in September

September – MSHA Training September 1 – September 7, 2021

Month	Project Activities

b. Partners

If your organization will not be providing all of the training or support services identified in this application, identify all project partners and subcontractors that will be providing those training or support services, clearly describing their roles. Enter each partner on a separate line. For example:

ABC Co, Donation of welding machines for use in outreach activities; hands-on demonstration with youth at XXX

XYZ Inc, Provides CDL training.

Partner	Role

5.   Employment Commitments

a. In the table below, please attach letters from employers that illustrate commitment to retain, advance, or employ participants who complete the training. Do not submit form letters or list the same letter multiple times.

Employer Name	Number of Participants Employer Commits to Retain, Advance, or Employ	Commitment

Budget

	Line Item	Qty	Rate	UOM	Grand Total	Subaward Amount	Subrecipient Contribution
1.	**Personnel Services**						
	Instructions : Wages and salary are defined as a regular fixed amount of payment an employee earns for performing work on behalf of the employer. Personnel Service amounts should be based upon the amount normally paid to the individual and the portion of the time that will be spent working on the project. For salaried individuals, the calculation should be the monthly salary amount times the percent of time in a month the individual will work on the project times the number of months the project will last. For hourly wage individuals, the calculation should be the hourly wage amount times the number of hours worked on the project in a month times the number of months of the project. Fringe Benefits is defined as the cost of benefits paid to the employee under the grant, including the cost of employer's share of FICA, health insurance, workers' compensation, and vacation. Fringe benefit amounts are usually calculated as a percentage of the amount of salary or wage amount.						
	1. Admin Assistant						
	2. Accountant						
	3. Director						
	4. Executive Director						
	5. Financial Officer						
	6. OJT-Employee						
	7. Program Coordinator						
	8. Safety Instructor						
	9. Training Coordinator						
	10. Teacher						
	11. Trainer						
	12. Others [ ]						
2.	**Employee Travel**						
	Instructions : Refers to travel costs for employees to effectively manage and carry out grant activities, provide oversight, or measure program effectiveness. Travel includes						

	mileage, airfares, meals and incidentals, lodging, parking, taxi, shuttle service to and from training locations associated with travel for the grant. Air travel, when necessary, should be obtained at the lowest possible customary standard (coach or equivalent fare). Travel costs may be charged on an actual basis, or on a per-diem or mileage basis in lieu of actual costs; however, cannot exceed $45 for the first and last day of travel. The applicant must follow their organization's travel policy or the State of Alaska's travel policy, whichever is less.						
	1. Airfare - Employee						
	2. Ground Transportation (taxi, rental)						
	3. Lodging - Employee						
	4. Mileage - Employee (50+ miles or more)						
	5. Per Diem - 1st Travel Day						
	6. Per Diem - Full Day						
	7. Per Diem - Last Travel Day						
	8. Others [ ]						
3.	**Contractual**						
	Instructions : Include all contractual costs associated with the project in the space provided. Contractual costs are typically paid for services received from persons or companies other than the applicant. Contractual costs might include such items as Trainers, Consultants, Professional Contracts, Facility Rental, Utilities, Communications Costs (phone, fax, postage, advertising, etc), Freight, Equipment Rental, and Printing. These listed items are only examples and the listing is not all inclusive. Other contractual costs might be appropriate and allowable to the project. When the total cost of an item is shared with other sources of funds, only the proportionate share associated with the grant project should be included on this form. The calculation of amounts is dependent upon the type of contractual cost. Clearly show how the amounts were determined. For more detailed information, please refer to the Subrecipient Budget Guide located on the home page of EGrAMS.						
	1. Accounting						
	2. Advertising						
	3. Audio-Visual						
	4. Rental - Training Facilities - Owned						
	5. Freight - Training Books						

6. Freight-Training Materials						
7. Insurance						
8. Licensing and Credential Fees						
9. Printing						
10. Professional or Consulting Services						
11. Postage						
12. Rental - Office Space						
13. Rental - Training Equipment						
14. Rental - Training Facilities						
15. Training Contractors/Instructors/Others						
16. Rental - Training Equipment - Owned						
17. Training Related Utilities						
18. Others [ ]						
4.	**Supplies**					
	Instructions : Supplies refers to consumable materials, items costing less than $5,000 per unit, and goods such as books and educational or training materials, training videos, equipment valued less than $5,000 per unit, software valued less than $5,000 per unit, furniture, and tools required for the training, binders, ink cartridges, copy paper, pens and pencils and materials needed to conduct training. Supply purchases are charged to the grant at their actual prices after deducting all cash discounts, trade discounts, rebates, or allowances. Shipping and delivery are a normal part of the cost of supplies. This list is not all inclusive and other types of supplies may be appropriate and allowable to the project.					
	1. Office Supplies					
	2. Safety Supplies					
	3. Small Tools					
	4. Training Books					
	5. Training Supplies					

	6. Others [ ]							
5.	**Participant Support Services**							
	Instructions : A participant is defined a non-employee of an organization that is receiving direct costs for such items including, but not limited to: tuition, transportation expenses, childcare, and dependent care, housing costs; assistance with educational testing; assistance with acquiring reasonable accommodations for participants with disabilities; legal aid services; referrals to health care; assistance with uniforms or other appropriate work attire, work-related tools, eyeglasses and protective eye gear; assistance with books, fees, school supplies, and other necessary items for enrolled participants; and payments and fees for employment and training-related applications, tests, and certifications.							
	1. Participant Airfare							
	2. Per Diem-$45 1st Travel Day							
	3. Per Diem-$45 Last Travel Day							
	4. Ground Transportation (taxi, rental,)							
	5. Participant Lodging							
	6. Mlieage (50+ miles or more)							
	7. Participant OJT (Non-apprentice)							
	8. Per Diem - Full Day							
	9. Support Services							
	10. Participant Supplies							
	11. Participant Training							
	12. Participant Tuition							
	13. Others [ ]							
6.	**Administration**							
	Instructions : For the purpose of AWIB budgets, indirect and administration are used interchangeably. Indirect costs are costs that are incurred for common or joint objectives that benefit more than one project. They may originate in your own unit or in units of your organization that supply goods, services, or facilities to the grant. Most often, the term "administrative costs" is used to indicate costs that are incurred to support the overall operation of the organization. Under no circumstances may an organization charge for both direct administrative expenses and an administrative rate. The applicant may only charge administration if the organization is in receipt of an approved Federal Indirect Cost Rate							

(IDC), provisional rate, predetermined rate or a De Minimis Rate Certificate.

Summarize how the program or participants benefit from the funded administrative services. Indirect cost rates are capped at 10% even if your federally approved indirect rate is higher.

1. Audit						
2. Cost Allocation Plan (Attach Plan)						
3. Chief Financial Officer						
4. Contractual						
5. Financial Officer						
6. Federal Indirect/Admin Rate						
7. Insurance						
8. Office Space						
9. Personnel Services (Identify job title) [ ]						
10. Supplies						
11. Travel (Admin Only)						
12. Other [ ]						
Totals						

SOURCE OF FUNDS

	Category	Grand Total	Subaward Amount	Subrecipient Contribution	Narrative
1.	STEP (BWSTP0-SY2024-7112)				
2.	STEP (BWSTPA-SY2024-AAHC-7112)				
3.	STEP GF (B112SG-SY2024-7112)				

4.	STEP DETS (B112DS-SY2024-7112)			
5.	Other - Contribution			
	Totals			

SAMPLE

	Category	Grand Total	Subaward Amount	Subrecipient Contribution	Narrative
1.	Personnel Services				
2.	Employee Travel				
3.	Contractual				
4.	Supplies				
5.	Participant Support Services				
6.	Administration				
	Totals				

Attachments

1   Attachments

Attachment Title   **Attachment**