



APPLICATION FORMS: ONLY THESE FORMS MUST BE USED WHEN FILLING OUT AND RESPONDING TO THE WIOA Youth Program (Year-Round In School Youth Program)

PROPOSAL COVER SHEET

GENERAL INFORMATION

Application Organization: _____
Street Address: _____ City & State: _____ Zip Code: _____
Full Mailing Address (if different): _____
FEIN #: _____ DUNS#: _____
Contact Person(s) and Title(s): _____
Telephone: _____ Fax: _____
E-mail: _____

PROGRAM INFORMATION

Title of Proposed Program: _____
Total Funds Requested: _____ Program Start Date (Month/Day/Year): _____
Program End Date (Month/Day/Year): _____ Total number of youth served: _____

AUTHORIZED SIGNATURES

Signature of Applicants Authorized Representative: _____
Printed Name and Title of Authorized Representative: _____
Date of Submission: _____

APPENDIX D

WIOA WORKSITE AGREEMENT

This agreement is made between the CONTRACTOR AND THE WORKSITE AGENCY, to provide employment, training and educational services to eligible youth participants in the WIOA in-school program funded under WIOA.

SECTION I: CONDITIONS

1. The worksite agency/contractor agrees to comply with all Workforce Innovation and Opportunities Act regulations, policies and directives. (Public Law No. 113-128-August 22, 2014)
2. Participants may not be used to free regular employees to perform other tasks and duties.
3. NRWIB Staff will have access to worksite records pertaining to this agreement; this includes
 - a. Personnel records
 - b. Payroll records
 - c. Other related documents
4. The worksites will be open to NRWIB Staff for monitoring purposes.
5. Where a collective bargaining agreement is in existence, the union or bargaining agency must concur with the content of this agreement. NOTE: Page entitled Union Concurrence.
6. All worksites must abide by any applicable State or Federal Occupational Safety and Health Act Standards. (OSHA)
7. Participants shall be paid at least \$18/hourly.

SECTION II: RESPONSIBILITIES

1. The worksite agency will:
 - a. Maintain time and attendance records for each participant. Participants shall sign in when reporting to work and sign out at the completion of their scheduled hours. The participant and the supervisor will sign time and attendance records at the end of the week.
 - b. Comply with established payroll procedures and ensure that the participant(s) is paid only for actual time worked.
 - c. Provide adequate supervision, direction and assist in participant reviews and evaluations.
 - d. Adhere to the training outlines in section III as submitted.
 - e. Report accidents to the Office within 24 hours of occurrence.
 - f. Notify the Office regarding any problem or concern within 24 hours after being identified.
 - g. Comply with any and all provisions of Civil Rights Act of 1964 and the Unfair Employment Practice Act, Public Law 31-126.
 - h. Comply with any and all provisions of the Immigration Reform and Control Act of 1986 to include the completion of the INS form, I-9 upon program enrollment. *** TO BE COMPLETED BY CONTRACTED PROGRAM PROVIDER – NOT HOST WORKSITE**
 - i. Maintain evaluations on work performance in educational classes. Other program reports will be completed as requested. *** TO BE COMPLETED BY CONTACTED PROGRAM PROVIDER – NOT HOST WORKSITE**
 - j. Refer participants to NRWIB Office as appropriate for counseling.
 - k. Immediately notify the Office if the number of participants or activities included in this worksite agreement changes at any time during the program.

- I. Maintain a current and accurate list of worksites and activities. *** TO BE COMPLETED BY CONTRACTED PROGRAM PROVIDER – NOT HOST WORKSITE**

2. The contractor will: **(THIS DOES NOT PERTAIN TO THE HOST WORKSITE)**
 - a. Provide payment to all participants.
 - b. Maintain earnings, social security and tax records.
 - c. Maintain workman’s compensation coverage on all participants. This should include general, bodily and property coverage insurance.
 - d. Provide Counseling services, educational classes and labor market orientation.
 - e. Train the worksite supervisors; assure his / her attendance at the supervisor’s orientation classes to be conducted by the Office prior to the start of the program, provide the supervisor with appropriate written materials to include a copy of this worksite agreement, the orientation handbook and other pertinent documents.

SECTION III: TRAINING OUTLINE

Title of Worksite or Work Based Project/Internship: _____

Name of the Worksite: _____ Full Address of the Worksite: _____

Phone Number: _____

Name and Title of On-Site Supervisor: _____

Phone Number of On-Site Supervisor: _____

Name and Title of Alternate Supervisor: _____

Phone Number of Alternate Supervisor: _____

Ratio of Participants to Supervisor: _____ TO _____

| Participant Job Title | Number of Slots |
|-----------------------|-----------------|
| | |
| | |
| | |

The position(s) starts on _____ and ends on _____, lasting for a total of _____ weeks.

Number of days per week: _____

| Day | Time | Hours of Work |
|------------------|------|---------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |