|  |  |
| --- | --- |
| **STATE USE ONLY** | **EXHIBIT A** |
| Subgrant Number |  |
| Project Number |  |
| Initial Plan |  |
| Modification Date |  |

**­**

**Applicant Name**

# Section I – Statement of Need

1. *Describe the need(s) in the area as it relates to providing employment related services to Deaf and Hard of Hearing individuals.*

1. *Explain why the need(s) cannot be addressed with existing resources through the local or regional educational, employment and training service delivery systems.*

# Section II – Target Group

*1. Describe the characteristics of the Deaf and Hard of Hearing population that will be served by this project, including barriers and basic and occupational skill needs.*

*2. Describe the outreach and recruitment methods that will be used to identify and contact the Deaf and Hard of Hearing population and demonstrate how these methods will enable you to reach this segment of the population.*

# Section III – Planned Approach

1. *Describe the service process that will be used to assist job-ready Deaf and Hard of Hearing individuals in searching for, and obtaining/retaining employment. Identify who will be providing the services/training.*

1. *Describe how your service delivery plan will address the barriers of the Deaf and Hard of Hearing population. Describe the effective/promising practices used as a resource in the design and planning of this project.*

# Section IV – Goal and Objectives

*Complete the Participant and Activity Matrix below for those applicable to this proposal.*

|  |  |
| --- | --- |
|  | **July 2022-June 2023** |
| **I. PARTICIPANT INFORMATION** |  |
| Total Planned Enrollments |  |
| Cost per Planned Enrollment |  |
| **II. PLANNED PLACEMENTS** |  |
| a. Full-Time |  |
| b. Part-Time |  |
| c. Temporary |  |
| Total Placed (total from a, b, and c) |  |
| **III. JOB RETENTION** |  |
| Total Planned Retained Employment  for 30 Days |  |
| **IV. OBTAINED EMPLOYMENT** |  |
| Total Planned Obtained Employment |  |
| **V. PLANNED SERVICES** |  |
| Interpreting (Employment Related) |  |
| Interpreting (Other ) |  |
| Desk Counseling Sessions |  |
| Job Development Contacts |  |
| Job Search Workshop Training  (one per client) |  |
| Deaf Awareness Presentations |  |

# Section V – Local Collaboration

1. *Describe how your organization has secured community support and successfully established linkages with other agencies (identify each agency) in order to provide services to this population. Describe the roles and responsibilities that the agencies will perform in conjunction with this proposal, and any formal or informal agreements that are in place.*

1. *Describe how your organization will coordinate with the State Department of Social Services and the Department of Rehabilitation, when appropriate, to ensure that specialized employment services are a supplement or alternative to those services provided and/or funded by those state agencies.*

# Section VI – Resource Utilization

1. *Complete the Resource Utilization Chart below Identifying the non-federal cash and in‑kind resources that will be used as match to support activities or expand and sustain the proposed project. Provide any further explanation in the space provided below the chart.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource Utilization Chart**  Name of Provider | Description of Fund Source | Type of resource (in-kind or cash) | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Match** | | |  |
| Percent of match to total requested amount | | |  |

*2. Describe how each provider identified in the chart above will contribute to the goals of the project, ensure non-duplication of services and provide future sustainability.*

3. *Describe any direct grants you have received within the past four years for providing services to the Deaf and Hard of Hearing population. Describe any connection those grants will have with this proposal.*

# Section VII – Statement of Capabilities

1. *Describe the organization’s capability to conduct and administer a federally funded project including your ability to collect and report financial and participant performance data. Provide examples of past or present experience in managing projects similar to this proposal.*

1. *Describe your organization’s infrastructure including proposed staffing for this project that demonstrates your ability to achieve the project goals.*

# Section VIII – Budget Summary

*Provide a detailed justification for all line items contained in the Budget Summary Plan. Explanations should include how the proposed costs are necessary and reasonable in terms of benefit to clients.*