This application is for organizations seeking Tier II funding from the Maryland Department of Labor under the *4th & Goal* program. Applications are accepted on a rolling basis until all funding is exhausted.

Please complete all fields of this application and submit it with the program budget. Prior to submission, review the submission checklist below to ensure a complete application. Incomplete applications will not be considered.

Applicants should carefully review the *4th & Goal* Policy (which can be found at https://www.labor.maryland.gov/employment/mpi/) prior to completing this application. The Policy provides details on allowable program components and key terminology associated with this project.

***4th & Goal* Application Submission Checklist**

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| **REQUIRED DOCUMENTS** |
| * ***4th & Goal* Tier II Application** |
| * ***4th & Goal* Tier II Budget (.xlxs)** |
| * **W-9 of the Lead Applicant** |

**Submission Instructions**

Completed applications must be submitted via email to [4th.goal@maryland.gov](mailto:4thandgoal@maryland.gov). Submissions must include all required documents listed above and must be submitted as attachments to a single email.

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| --- | --- | --- |
| **SECTION 1: APPLICANT INFORMATION** | | |
| **1** | **Organization Name** |  |
| **2** | **Organization Type** |  |
| **3** | **Is the applicant a 501(c)(3)?** | ☐ Yes  ☐ No |
| **4** | **Does the applicant have an** [**Unique Entity Identifier**](https://www.gsa.gov/about-us/organization/federal-acquisition-service/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-id-is-here) **(UEI)? If so, what is it?** |  |
| **5** | **Point of Contact Name** |  |
| **6** | **Point of Contact Title** |  |
| **7** | **Point of Contact Email Address** |  |
| **8** | **Point of Contact Phone Number** |  |
| **9** | **Organization Street Address** |  |
|  |
|  |
| **10** | **Federal Tax ID** |  |
| **11** | **Requested Funding Amount (may not exceed $1,000 per participant)** |  |
| **12** | **Number of Expected Participants** |  |
| **13** | **Project Service Area (Geographic jurisdictions to be served)** |  |
| **14** | **Is the applicant a current WIOA Title II Adult Education provider?** | ☐ Yes  ☐ No |

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| **SECTION 2: Program Information** | |
| **15** | **Will the lead applicant be the sole provider of *4th & Goal* services, or will they be partnering with another organization? If partnering, list each organization (including the lead applicant) and the role they will play in the initiative.** |
|  | |
| **16** | **Has the lead applicant managed an adult education and literacy services program before? If so, describe the program and include metrics that demonstrate its effectiveness.**  **If not, describe the methods undertaken by the lead applicant to ensure that the program funded under this grant will be effective.**  **If a partner organization has experience providing adult education and literacy services, please describe that program and its effectiveness here.** |
|  | |
| **17** | **The *4th & Goal* program has a twelve (12) month performance period. Outline the proposed timeline and activities for the applicant’s academic initiative program, including how many learners will be served throughout the initiative and what metrics will be captured.** |
|  | |
| **18** | **Select all of the following activities for which the applicant intends to use award funding:** |
| ☐Tutoring (group and/or individual)  ☐ Digital/remote academic programming  ☐ Supplemental academic material  ☐ GED Ready® Practice Tests  ☐ Other activities  If “other activities” is selected, provide a brief explanation of the activity and how it will support participants aiming to pass a fourth GED® Test. | |
| **19** | **Describe how participants’ skill level will be assessed when they enter the program.** |
|  | |
| **20** | **If the program is planning to offer more than one method of academic support (e.g. group tutoring *and* online coursework), please describe how participants will be referred to the academic program most suited to their needs.** |
|  | |
| **21** | **Describe how the organization will determine that participants are ready to take a fourth GED® Test.** |
|  | |
| **22** | **How will the organization serve individuals who *do not successfully pass* the fourth GED® Test while participating in this initiative?** |
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| **SECTION 3: Participant Information** | |
| **23** | **List the outreach strategies the applicant will use to recruit participants, including specific strategies to connect with individuals with barriers to employment.** |
|  | |
| **24** | **The *4th & Goal* policy requires awardees to connect individuals with an American Job Center (AJC). Please describe how the lead applicant will make these connections. (See** [**here**](https://labor.maryland.gov/county/) **for a list of Maryland’s AJCs.)** |
|  | |

**Instructions for Section 4: Program Financial Information**

Complete this section and provide financial information for the *4th & Goal* program. Information in this section **must** be consistent with an itemized *4th & Goal* Budget Application. The Budget Application should be completed and submitted as an Excel document (.xlsx) along with this application. Please reconcile Section 4 of this application with the associated Program Budget prior to submission.

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| **SECTION 4: PROGRAM FINANCIAL INFORMATION** | | |
| **25** | **Provide the following financial information about the funding requested.** | |
| **A** | Staffing Costs | $ |
| **B** | Instructional Costs | $ |
| **C** | Administrative Overhead/Indirect Costs (May not exceed 10% of total grant amount) | $ |
| **D** | Other Costs | $ |
| **E** | Total grant amount requested | $ |
| **F** | Cost per participant | $ |

Prior to signing below, review all sections of this application for completion and accuracy. Review the *4th & Goal* Policy for any additional requirements associated with this program. Ensure that all required attachments are included in the final submission.

|  |  |
| --- | --- |
| **Applicant Representative’s Full Name** |  |
| **Applicant Representative’s Title** |  |
| **Applicant Representative’s Email** |  |
| **Applicant Representative’s Phone Number** |  |

|  |  |
| --- | --- |
| **Applicant Representative’s Signature** | **Date** |
|  |  |
|  |

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