

Submit one (1) original and four (4) copies of this checklist along with its contents.

Original

Copy \_\_\_ of 4

## Adult/Dislocated Worker Affiliate Application Checklist LOG # \_\_\_\_\_

Service Location: \_\_\_\_\_ Agency \_\_\_\_\_

The documents submitted for this application must be packaged in the same order as the checklist below. Please bind each section below separately using 2 inch Prong Fasteners.

**1**

- Agency Information Form
- Executive Summary (specific to this Adult/Dislocated Worker Affiliate Application)
- Adult/Dislocated Worker Affiliate Application Narrative (specific to this Adult/Dislocated Worker Affiliate Application)

**2**

- 1A Budget (If requesting 1A Funding under this application)
- 1A Budget Narrative (If requesting 1A Funding under this application)
- 1D Budget (If requesting 1D Funding under this application)
- 1D Budget Narrative (If requesting 1D Funding under this application)

**3**

- Organizational Chart
- Memorandum of Understanding (MOU) with partners
- Draft Subcontract (if applying with subcontractors)
- Job Titles and Descriptions
- Resumes Organized by Job Title
- List of employees proposed for the WIA project and their length of time employed by the respondent
- List of Board Members (including their addresses)
- Map of Service Location
- Letters of Support
- Agency Declaration