1. **Demographics:**
2. Name of Organization:
3. Address:
4. General Telephone Number:
5. Name of person submitting this Application:
   1. Job Title:
   2. Telphone Number:
   3. E-Mail Address:
6. Primary Organization Contact:
   1. Job Title:
   2. Telephone Number:
   3. E-Mail Address:
7. Secondary Organization Contact:
   1. Job Title:
   2. Telephone Number:
   3. E-Mail Address:
8. Organization Business Office/Fiscal Contact:
   1. Job Title:
   2. Telephone Number:
   3. E-Mail Address:
9. Are you incorporated?  Yes  No
10. **Eligibility.**  Respondentsmust meet the eligibility requirements as listed below. Please confirm eligibility by checking the confirmation boxes located at the end of each requirement, a. - c.
11. Is a public or private non-profit employment and/or social services provider; and
12. Experience with the delivery of employment services and job training services; and
13. Experience with interpreting and applying Federal and State statutes and regulations.
14. **Service Area.** Respondents must identify the geographic area(s) the Respondent will serve under this application. Please select all that apply (Must Select at Least One County).
15. Fairfield County
16. Litchfield County
17. New Haven County
18. **Experience.** Please respond to each of the following items within the limitations prescribed.
    1. Possess no less than three (3) years’ experience in providing employment and/or social services.

Yes  No

* 1. Describe experience providing employment and/or social services to individuals of significant economic and social need. **Page limitation is one (1) single-sided page**.
  2. Describe experience conducting outreach to local employers to assist eligible participants in finding and securing unsubsidized employment. **Page limitation is one (1) single-sided page**.
  3. Describe experience coordinating supportive services for program participants with local social and aging service organizations. **Page limitation is one (1) single-sided page**.
  4. Describe your experience identifying and addressing employment challenges faced by older adults, including but not limited to communication, skill level(s) and transportation. Provide a description of a specific job skills training program implemented by your agency. **Page limitation is one (1) single-sided page**.
  5. Describe your agency’s capacity and ability to manage a budget and process payroll. Include a description of your agency’s payroll system and internal controls in place for processing payroll for program participants. Describe your agency’s capacity and ability to generate payroll reports and generate monthly payroll projections and other financial reports for program staff. Describe your agency’s capacity and ability to communicate fiscal concerns or issues to program staff. If applying for more than one (1) service area, please include your ability to track funding available for multiple locations. **Page limitation is two (2) single-sided pages**.

1. **References.**
2. List three references. References cannot be persons related to the Respondent by blood or marriage or to the agency’s leadership or key program personnel, and must have knowledge of the Respondent’s previous experience and ability to deliver the requirements as outlined in this Application.

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| NAME | E-MAIL ADDRESS | PHONE NUMBER |
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