**Subminimum Wage to Competitive Integrated Employment (SWTCIE) Demonstration Model Grant Application**

***You must complete the cover page in addition to this application form.***

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| Applicant Information | | | | | | |
| Organization Name: |  | | | | Date: |  |
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| Organizational Capacity **Clearly Label Each Attachment** | | | | | | |
| 1. Attach a copy of your 14C certificate issued through US Department of Labor and evidence that subminimum wages are paid. | | | | | | |
| 1. Attach a copy of your organization’s mission, history, and primary purpose. Include a narrative regarding your interest in shifting your business model and intent to pursue national accreditation in Employment Services through CARF, CQL, or COA. | | | | | | |
| 1. Attach a copy of your up-to-date organizational chart and list of Board Members with the members’ offices and professional affiliations. | | | | | | |
| 1. Attach active registration with NC Secretary of State including identification number. | | | | | | |
| 1. Attach a copy of your organization’s customer satisfaction and customer grievance policies. | | | | | | |
| 1. Attach a copy of your workplace policies addressing ADA, EEO, and OSHA. 2. Attach a copy of your workplace background check policy. | | | | | | |
| 1. Attach copies of any licenses, certifications, or accreditations maintained by your agency related to your provision of ADVP services*.* | | | | | | |
| 1. Attach a description of your partnership with NCDVRS. Include details about current and past contracts and contract utilization since 2020. | | | | | | |
| **Programmatic Capacity**  **Clearly Label Each Attachment** | | | | | | |
| 1. Describe your ADVP population including how many served, age ranges, and number of anticipated SWTCIE participants. | | | | | | |
| 1. Describe your organization’s philosophy for carrying out the SWTCIE goals/objectives and services with potential SWTCIE participants. Provide evidence of support from executive leadership and board members. | | | | | | |
| 1. Describe your organization’s partnership with the identified employer to best support SWTCIE goals and objectives including any actions taken to date to establish partnership. 2. Describe your recruitment, retention, and supervision strategies for SWTCIE Program Staff. 3. Indicate response to the following: Any work-based learning experiences coordinated by the Applicant will be provided in integrated community settings and within operations for which employees are compensated competitively. | | | | | | |
| **YES** | |  | **NO** |  | | |
| 1. Program Summary: Include a narrative summary of your proposed SWTCIE interventions, service objectives, service delivery methods. Summarize how the proposed SWTCIE interventions will result in competitive integrated employment for SWTCIE participants. | | | | | | |
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| **Financial Soundness**  **Clearly Label Each Attachment** | | | | | | |
| 1. Attach your most recent audited financial statement. | | | | | | |
| 1. Describe your organization’s ability to track and submit data in accurate and timely fashion. Provide evidence of success in timely and accurate data submission for other projects and ongoing service delivery. | | | | | | |
| 1. Provide a sample of your monthly billing including timeframes of bill submission. | | | | | | |