



Grant Application Instructions

BEFORE YOU START

The Kentucky Statewide Reserve (SWR) Fund is a grant program operated by the Kentucky Education & Labor Cabinet (ELC) to provide grants through various channels to support and implement required and allowable workforce development activities.

Only local workforce development areas, state & quasi-governmental agencies, and non-profit organizations that provide workforce development activities and training are eligible to receive SWR funding.

We cannot consider applications from For-Profit organizations.

COMPLETING AN APPLICATION

A complete application packet is required to be considered for SWR funding. An application packets consists of:

1. ATTACHMENT A- Application
2. ATTACHMENT B- Budget
3. ATTACHMENT C- Certification/Checklist
4. ATTACHMENT D- Previous Statewide Reserve Grant Performance Template

Additionally, some other documents may be needed. For example:

1. IRS Tax Exempt Determination Letter (Required for Non-Profit Applicants Only)
2. Applicant Provided Supporting Documentation

Any application attachment that has been altered from the established format to include additional sections or supporting documents- including tables and charts- cannot be considered. Applications must be on current, approved versions (REV. April 2023). Specifically:

ATTACHMENT A: All sections must be completed and include sufficient and accurate information regarding the proposed project/program. Insufficient or missing information provided by the applicant can be cause for denial.

ATTACHMENT B: Budget must be rounded to nearest dollar and all line-items must equal total budget. A narrative for each line-item explaining costs is required.

ATTACHMENT C: Certification/Checklist must be read, completed, and signed by an appropriate authority.

Non-Profit organizations must include a copy of their IRS Tax Exempt Determination (TED) Letter to verify their non-profit status. Any application without the IRS TED, when required, cannot be considered.

ATTACHMENT D: Previous Statewide Reserve Grant Performance Template should detail previous grant experience within the last 3 years.

All Attachments must be submitted for an application to be considered complete. Any missing attachments or required documents will be cause for denial.

APPLICANT PROVIDED SUPPORTING DOCUMENTATION: Any additional documentation supporting your request may be submitted with the application packet, including reports, results, charts, tables, presentations, etc.

SUBMITTING AN APPLICATION

Completed applications must be sent to the Fund Administrator via U.S. Mail or email by *CLOSE OF BUSINESS (EST)* on the FIRST Wednesday of each month. Applications received after the deadline will be held for consideration in the following month.

Once the application is received, the applicant will receive a *NOTICE OF APPLICATION RECEIPT* confirming receipt and providing a tracking number for reference. This notice does not confirm that the application as received is accurate, complete, and on current approved forms. Submission of an application does not imply or guarantee funding.

The COMPLETED Application and all appropriate attachments must be submitted to:

Alex Fisher
Administrator, WIOA Statewide Reserve Fund
500 Mero Street, 4th Floor
Frankfort, Kentucky 40601
Alex.Fisher@ky.gov

I'VE SUBMITTED THE APPLICATION, WHAT ARE THE NEXT STEPS?

Applications are reviewed by ELC programmatic, fiscal, and policy staff within the month received, and ELC staff will provide an approval or denial recommendation to the Governor and/or their designee.

IF APPROVED, the applicant will receive a *NOTICE OF APPROVAL* with additional details.

IF APPROVED WITH CONDITIONS OR ADJUSTMENTS, the applicant will receive a *NOTICE OF CONDITIONAL APPROVAL* that outlines the conditions or adjustments to the original application. If the applicant declines to accept the conditions, the application is denied.

IF DENIED, the applicant will receive a *NOTICE OF DECLINATION* with details regarding the reasons for declining which can include:

- Requested Amount of Funding Not Available
- The Program/Project includes Disallowed Costs/Activities
- A Similar or Duplicative Program Exists
- Insufficient Justification for the Request
- Insufficient Detail or Information in the Program/Project Overview/Narrative or Budget
- Program/Project does not meet current Administration Policies/Priorities/Goals
- Application Incomplete/Missing Information

Grant Application

Complete the following required application for consideration. All fields **MUST** be completed.

Applications that are incomplete or missing information will not be considered.

DO NOT ALTER THE ATTACHMENT FORMAT

Project Name: Click or tap here to enter text.

Projected Start Date: Click or tap here to enter text.

Projected End Date (Cannot Exceed 2 Years): Click or tap here to enter text.

Total Funds Requested: Click or tap here to enter text.

Funding Initiative: Local Initiative & Innovation OR Governor's Priority Investments

LWDB or Organization: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

Project Lead Contact: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Fiscal Lead Contact: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Purpose/Description of Project:

- a. Statewide impact:
Click or tap here to enter text.
- b. Project Overview – including how the initiative represents an innovative practice and/or is designed to have significant impact in meeting the needs of businesses/individuals:
Click or tap here to enter text.
- c. Timeframe/outcomes/identify 1st year quarterly milestones:
Click or tap here to enter text.
- d. Audience/numbers served (Include specific data on participants, expected result goals, etc.):
Click or tap here to enter text.
- e. Partners/roles- including details on partner contributions and commitment to on-going support:
Click or tap here to enter text.

- f. Sustainability- including how program/project will continue without additional Statewide Reserve Funding support, sector(s) alignment with local and regional innovation priorities:
Click or tap here to enter text.
- g. Budget, with expense breakdown for each line-item in narrative (include in Attachment B)
- h. Certification/Checklist (See Attachment C, CHECKLIST MUST BE COMPLETED & SIGNED)
- i. Previous Statewide Reserve Grant Funding Performance Template (See Attachment D).

INSTRUCTIONS FOR SUBMISSION

The COMPLETED Application and all appropriate attachments must be submitted to:

Alex Fisher
Administrator, WIOA Statewide Reserve Fund
500 Mero Street, 4th Floor
Frankfort, Kentucky 40601
Alex.Fisher@ky.gov

PLEASE NOTE: All applications ***MUST*** be on current/approved versions and received (either postal mail or email) by close of business on the FIRST Wednesday of the month to be considered within that month. Applications received after the deadline will be held until the next month's review period.

All applications are subject to the approval of the Governor and/or their designee and availability of funding. The submission of an application does not imply or guarantee approval and/or funding.

ATTACHMENT B – BUDGET

Budget Request \$Enter Amount Here
Cash Matching Funds \$Enter Amount Here
Value of In-kind Services \$Enter Amount here.
Total \$Enter Amount here.

WORKFORCE INNOVATION & OPPORTUNITY ACT



Budget MUST include a detailed breakdown of expected expenditures for each line-item in narrative

BUDGET CATEGORY	AMOUNT	NARRATIVE
Program Staff Salaries (position title/staff function assigned to specific program activities, salary/wage, time charged to project)	\$	Enter brief narrative here.
Program Staff Fringe Benefits (type and cost of fringe benefits for each position included in project budget)	\$	Enter brief narrative here.
Surveys/Assessments (survey or sector/employer assessment fees and costs detailed by type of activity, cost per and number of)	\$	Enter brief narrative here.
Staff Development/Training (consultant details; tuition/fees, other costs related to providing/attending training to partner staff)	\$	Enter brief narrative here.
Employer Outreach and Services (details of employer outreach activities; fees for employer services)	\$	Enter brief narrative here.
Travel (costs of mileage, lodging and meals for staff and consultants)	\$	Enter brief narrative here.
Advertising, Public Relations (media advertising details and other outreach costs, e.g., newspapers, radio/TV, direct mail, etc.)	\$	Enter brief narrative here.
Communications, Publications and Printing (details of phone, IT services, other costs, printing and/or purchase of books, magazines, brochures, etc.)	\$	Enter brief narrative here.
Materials and Supplies (office supplies, other as needed)	\$	Enter brief narrative here.
Facilities (conference/meeting space, etc., detailed by type activity and related project facility costs)	\$	Enter brief narrative here.
Administration (direct staff cost, other costs associated with planning, coordinating, monitoring, and reporting project activities.) Not to exceed 5% of funding	\$	Enter brief narrative here.
Training Costs (include any direct costs of participant training program not covered under any of the above categories)	\$	Enter brief narrative here.
Other (other costs not included in the above line required to implement the project that may be included as a grant-funded item)	\$	Enter brief narrative here.

Grant Application Certification/Checklist

Grant Application Certification (Attachment – C) must be submitted with Attachments A, B, and D to the Fund Administrator via email (provided below) or U.S. Mail.

Project Name: [Click or tap here to enter text.](#)

By submitting this CERTIFICATION, you CERTIFY and ATTEST to the following:

1. The proposed program/project complies with all Workforce Innovation & Opportunity Act provisions and federal and state statutes and/or regulations. (See 20 CFR 682.200-220)
2. The proposed program/project complies with the Code of Federal Regulations limitations on use of multiple Federal Awards for the same or similar activities. (See 2 CFR 200)
3. The Local Area/Organization maintains all necessary and appropriate fiscal controls and document retention to satisfy legal, audit, and reporting requirements.
4. The following Documents and Attachments are complete, on currently approved versions, and accurately detail the proposed program/project to provide sufficient information for review:
(MUST CHECK BOXES)

- ATTACHMENT A (APPLICATION)
- ATTACHMENT B (BUDGET)
- ATTACHMENT C (CERTIFICATION/CHECK-LIST)
- ATTACHMENT D (Previous Statewide Reserve Grant Performance)
- IRS TAX STATUS DETERMINATION LETTER ([Required for Non-Profit Applicants Only](#))
- (OPTIONAL) Additional Applicant Provided Supporting Documentation

Signature: _____ **Date:** _____

Authorized Certifying Official

Name: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

The COMPLETED SIGNED CERTIFICATION and all appropriate attachments must be submitted to:

Alex Fisher
Administrator, WIOA Statewide Reserve Fund
500 Mero Street, 4th Floor
Frankfort, Kentucky 40601
Alex.Fisher@ky.gov



Attachment D

Previous Statewide Reserve Grant Performance Template

In the last 3 years has your organization received any previous Statewide Reserve grant awards?

Yes Or No

If yes, in the chart below, applicants must identify the pertinent performance indicators, goals, and outcomes. Data for each performance indicator must be displayed as both a fraction (i.e., the numerator equal to the number of program participants who achieved the identified indicator (Outcome) and the denominator equal to the total program participants expected to achieve the identified indicator (Goal)) and a percentage.

Name of Previous Grantor Organization:				
Grantor Contact - Name, Title, Signature (if non-ETA grant), E-mail Address, and Telephone Number:				
Project Title and Grant Number:				
Project Period of Performance:				
Number of Participants Enrolled and Populations Served:				
Performance Goals				
Performance Indicator	Outcome	Percentage of Goal Achieved	Outcome / Percentage of Goal Achieved (Fraction)	Rate of Goal Achievement (Percentage)
<i>Example: Number of participants served</i>	75	100	75/100	75%

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Upon reviewing the previous grant performance above, what does the entity plan to do to improve upon or revise to achieve success with this grant application? [Click or tap here to enter text.](#)