WFWIB Request for Funds Form

The Westmoreland-Fayette Workforce Investment Board (WFWIB) seeks to support workforce development related activities from organizations that serve participants located in Westmoreland and Fayette County. Organizations can apply through a 'Request for Funds' process and funding is capped at $5K for an organization each program year (July 1 -June 30). This form outlines how funds are prioritized and the types of activities the WFWIB supports through this process. Completed forms should be submitted PRIOR to the event/activity date.

Please review the information carefully to ensure your activity meets the funding criteria before submission. Note that all funding is awarded on a reimbursement basis only.

Requirements if Approved:

- The organization requesting funding will be responsible for payment and invoicing the WFWIB, after which, the WFWIB will reimburse costs.
- Approved applicants are required to distribute a WFWIB created survey to participants following the funded activity and facilitate a high response rate to the survey. The survey will be provided upon approval.
- Supporting documentation including invoice(s), participant roster(s), and acknowledgment of participant survey distribution should be sent to Melissa Keys (mkeys@westfaywib.org), and cc Janet Ward (jward@westfaywib.org) and Colin Sherbondy (csherbondy@westfaywib.org).

What Activities do we Fund?

Priority funding is given to activities that connect students and/or educators with local businesses that offer High Priority Occupations (HPOs). Activities should fall into one or more of the following categories:

1. Career awareness/exploration (e.g. include industry tours, job shadows, career/job fairs, hands on activities, etc.)
2. Technical and/or career readiness skills building (e.g. dual enrollment, STEM activities, etc.)
3. Work & Learn opportunities (e.g. internships, pre-apprenticeships, apprenticeships, work experiences, etc.)

How to Apply:

Complete all questions below. Send the signed form to Colin Sherbondy at **csherbondy@westfaywib.org.**

If the activity serves students, what grade(s) are included? _____

Activity Date(s):_____ **County:**

Organization Requesting Funds: _____

Activity Contact Name: _____

Activity Contact Email: _____

Fiscal Contact Name: _____

Fiscal Contact Email: _____

Review the list below & select the HPO(s) that apply to your activity.

- ☐ Business Services
- ☐ Healthcare
- ☐ Manufacturing
- ☐ Trades
- ☐ Transportation & Logistics
- ☐ Other: _____

Review the list below & select the category(s) that apply to your activity.

- ☐ Career Awareness/Exploration
- ☐ Technical and/or Career Readiness Skill Building
- ☐ Work & Learn Opportunities
- ☐ Other: _____

If you selected Technical and/or Career Readiness Skill Building above, select the skills that apply:

- ☐ Technical Skills (list skills): _____
- ☐ Career Readiness Skills (indicate all skills below):
  - ☐ Career & Self-Development
  - ☐ Communication
  - ☐ Critical Thinking
  - ☐ Equity & Inclusion
  - ☐ Leadership
  - ☐ Professionalism
  - ☐ Teamwork
  - ☐ Technology

Which participant group(s) will you primarily target or engage in your activity?

- ☐ Students, estimated #:_____
- ☐ Educators, estimated #:_____
- ☐ Parents, estimated #:_____
- ☐ Employers, estimated #:_____
- ☐ Other: _____

Note: Match is also considered when making funding decisions. Indicate the amount of funding that your organization is contributing directly or through other entities for your activity/event.

Amount of Requested Funding: _____

Amount of Organization Match: _____

Activity description for the proposed use of funds that includes the activity purpose (Please include activity name):

_____ _____

Authorized Organization Representative Signature* **Date**

**By signing this form, I acknowledge that if approved, I understand the outlined requirements to receive reimbursement.*

WFWIB staff use only below this line:

☐ Approved or ☐ Not Approved Funding Amount Approved: _____

_____ _____

WFWIB Authorized Representative Signature **Date**

Grant:_____ **Line Item:** _____

Grant:_____ **Line Item:** _____

Grant:_____ **Line Item:** _____