**COVER PAGE**

**Competitive Grant for Pre-Employment Transition Services**

**NC Division of Vocational Rehabilitation**

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| --- |
| **Organization Information** |
| Organization Name:  |       |
| Organization EIN:  |       |
| Unique Entity ID (UEI): |       |
| Organization Mailing Address: |       |
|  |       |
| Organization Phone Number:  | (     )       |
| Organization Fax: | (     )       |
| Organization Fiscal Year: | (MM/YY) – (MM/YY) |
| For-Profit/Non-Profit/Government/UNC: |       |
|  |
| **Contact Person Information** |
| Name: |       |
| Title: |       |
| Email address: |       |
| Phone Number:  | (     )       |
| Mailing Address(*if different*):  |       |
|       |
|  |  |
| **Program Information** |
| Pre-ETS Program Title: |       |
| NC Counties to be Served: |       |
| Targeted Student with a Disability Sub-Population(s): |       |
| School(s)/School District(s)*(If applicable)*: |       |
|       |
| Total Number of Students to be Served: |       |
| Funding Request Total *(Maximum Reimbursement from Pre-ETS Standard Milestone Selection Page)*: |       |
|  |

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| **Pre-ETS Required Activities***(Select All That Apply)* |
| [ ]  Job Exploration Counseling | [ ]  Work-based Learning Experiences |
| [ ]  Self-Advocacy Training | [ ]  Workplace Readiness |
| [ ]  Counseling on Postsecondary Training Options |
|  |
| **Minimum Qualifications Checklist***(Refer to RACRP, Section lll)*Applications will not be considered if minimum qualifications are not included/met. |
|  **1.)** **Qualified Staff**  |
| Label and attach evidence of minimum related experience in Pre-ETS or similar services to students with disabilities: ***(Check any that apply. At least one method, A-C, must be used.)*** |
|  | 1. **Existing Direct Service Staff Experience:** Evidence is attached that existing direct service staff have three or more years of related experience (resumes).
 | [ ]  Yes [ ]  No |
|  | List existing direct service staff whose resumes you have attached. Indicate the staff person’s job title and years of related experience. *(Label and attach a page if additional space is required.)* |
|  | **Direct Staff Name** | **Job Title** | **Years of Related Experience** |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
|  |       |       |       |
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|  | 1. **Future Direct Staff Experience:** Evidence is attached that organization will recruit for direct service staff with three or more years of related service experience (job descriptions):
 | [ ]  Yes [ ]  No |
|  | List the direct service job title(s) for which you have attached job descriptions: |
|  |       |
|  |       |
|  |       |
|  |  |  |
|  | 1. **Supervisor Staff Experience:** Evidence that direct service staff are supervised by individuals with three or more years related experience (organizational chart and supervisor resume).
 | [ ]  Yes [ ]  No |
|  |  |
|  |  |
|  | List the name of the Supervisor with required experience, the job title of the Supervisor, the Supervisor’s years of related experience, and the job title(s) of direct service staff supervised by Supervisor. (Label and attach a page if more space is required.) |
|  | **Supervisor Name** | **Supervisor Job Title** | **Supervisor’s Years of Experience** | **Direct Service Job Title(s) Supervised** |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |       |       |       |       |
|  |
| **2.) SOSID**  |
| Applicant is a registered business with the State of North Carolina? |
| [ ]  Yes [ ]  No  | If yes, provide SOSID: |       |
|  |
| **3.)** **Criminal Background Policies**  |
| Evidence is attached that demonstrates your criminal background check policy complies with Section lll.  | [ ]  Yes [ ]  No |
|  |
| **4.)** **Financial Soundness and Stability** |
| Attach your organization’s most recent year’s Audited Financial Statement as defined in Section ll, Subsection D. |  [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Signature:** |  | **Date:** |       |
|  |  |  |  |
| **Name:** |       | **Title:** |       |
| Authorized Signature: The undersigned hereby submits the following application, including all appendices and attachments, and certifies that: (1) he or she is authorized to bind the named Applicant Organization; (2) this proposal is submitted competitively and without collusion; (3) none of the Organization’s officers, directors, or owners have been convicted or any violation of Chapter 78A of the North Carolina General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2); and (4) the Organization is not debarred from federal funding or an ineligible Contractor as set forth in G.S. 143-59.1. |