

Name of Public Entity:

Department Name:

Primary Contact Person: (name, title, phone, email)

Worksite Address:

Mailing Address: (if different)

Website:

ELIGIBILITY VERIFICATION ITEMS *other requirements may apply

Eligibility is determined at the American Jobs Center

DUNS # _____

Federal Employee Identification (EIN) # _____

GE Tax License # _____

PROPOSAL NARRATIVE

Description of Recovery Work to be Conducted: (include number of workers, job titles, and hourly wages):

Submit this form to:

Michele David, Statewide Project Manager
COVID-19 Disaster - Dislocated Worker Grant
mdavid@hi-employment.com | 808-664-6371

*Please note: all services and programs are subject to availability of WIOA (Workforce Innovation & Opportunity Act) funds and eligibility of the applicant.