

Name of Business or Non-profit Organization:

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

- Hawaii Compliance Express (HCE) <https://vendors.ehawaii.gov/hce>
- Suspension & Debarment (SAM) <https://www.sam.gov/SAM>
- Department of Commerce and Consumer Affairs (DCCA)
<https://hbe.ehawaii.gov/documents/search.html>
- GE Tax License
- IRS Acceptance Letter (non-profits)

PROPOSAL NARRATIVE

Business Description or Organization Mission Statement:

COVID-19 Impact on your business or organization:

Recovery Plan (work proposed to mitigate the impacts of COVID-19):

Recovery Work Job Descriptions (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.