Michigan Skills Alliances

Regional Skills Alliance
Applicant Information & Proposal Cover Sheet

Applicant Information	
Name of Applicant:	
Contact Person:	
Title:	
Address:	
Phone:	
Fax:	
Email Address:	
Applicant - Type of Organization:	
Federal ID Number:	

Authorized Signatory Information	
The authorized signatory is the authorized legal entity that will sign any documents necessary for providing the services outlined in this proposal.	
Signature:	Date:
Type name & Title:	
Organization:	

Technical Assistance Request

Please select each of the technical assistance areas that your alliance is interested in receiving from DELEG/BWT staff.

Alliance Convening	☐
Meeting Facilitation	☐
Communications Linkage	☐
Strategy Development	☐
Labor Market Research	☐

Funding Request

Alliances may apply for funding of up to $250,000 to be expended over a period not to exceed four years. Ideally, the funding award will follow a phase down schedule in order to support both larger initial start-up costs as well as subsequent operational costs.

Funding Request: $

Regional Skills Alliance Focus

Geographic Reach: Please identify the region in which the Regional Skills Alliance will be formed.

Would you classify your alliance as a Green Regional Skills Alliance? ☐ YES ☐ NO

If yes, describe how your alliance aligns with Michigan's Green Jobs Initiative.

Convener Information	
The role of the Convener is to identify and mobilize key partners, manage the movement and progression of the alliance, and maintain organizational capacity with the group.	
Name of Convener:	
Organization:	
Title:	
Address:	
Phone:	
Fax:	
Email Address:	

Fiscal Agent	
The Applicant and Fiscal Agent may be the same entity. The Fiscal Agent will perform the administrative duties and functions related strictly to fiscal operations.	
Name of Fiscal Agent:	
Organization:	
Title:	
Address:	
Phone:	
Fax:	
Email Address:	