

Attachment 4

COVID-19 Disaster Recovery Dislocated Worker Grant (DWG) Program **WORKSITE PROPOSAL CHECKLIST**

Name of Organization:

Name of Department/Division: (if applicable)

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

Worksite Address: (address, city, state, and zip code)

Mailing Address: (address, city, state, and zip code if different from worksite)

Website: _____

FEIN: _____ **GE Tax Number:** _____ **DUNS:** _____

Primary NAICS Code: _____

Industry: _____

Type of Business:

___ Limited Liability ___ Corporation ___ Limited Partnership

___ Non-profit Organization ___ Government Entity

ELIGIBILITY VERIFICATION ITEMS *other requirements may apply
Eligibility is determined at the American Jobs Center

- Hawaii Compliance Express (HCE) <https://vendors.ehawaii.gov/hce>
- System for Award Management (SAM) <https://www.sam.gov/SAM>
- Hawaii Department of Commerce and Consumer Affairs (DCCA)
<https://hbe.ehawaii.gov/documents/search.html>
- GE Tax License
- IRS Determination Letter for Tax-exempt Status
- Public Entity Exemption

PROPOSAL NARRATIVE

Business Description:

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 wage):

Submit this form to:

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

**All private entities whose worksites are on private land must be approved by the U.S. Department of Labor prior to commencement of any work. Public entities whose worksites are on public land do not need prior approval from the U.S. Department of Labor.