



AVT & WIOA Funding Application

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752

Phone: (907)442-7021 | Fax: 1-907-442-7025 | email: etprogram@maniilaq.org

Adult Vocational Training (AVT) and Workforce Innovation Opportunity Act (WIOA) funding available to individuals enrolled into a federally recognized tribe and attending an education or employment program to reach self-sufficiency.

<h2>Adult Vocational Training (AVT)</h2> <p>Authorized tribes to receive AVT: Ambler, Deering, Kivalina, Kobuk, Noorvik, and Shungnak. The AVT funding is limited to twice in a lifetime.</p>	<h2>Workforce Innovation Opportunity Act (WIOA)</h2> <p>Available to Tribal Members residing in: Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Noatak, Noorvik, Selawik, and Shungnak. Circle one: Adult (25 and over)- Income Eligible or Youth (up to 24)</p>
<input type="radio"/> Vocational Training Programs If your tribe is not listed above, please reach out to the tribe (IRA) where you are enrolled to request AVT funding.	<input type="radio"/> Vocational - Training or Certificate <input type="radio"/> OJT - On the Job Training <input type="radio"/> WEX - Work Experience <input type="radio"/> Educational - (Youth 14-24 only)
<input type="radio"/> High School or GED Diploma or Transcript	<input type="radio"/> Household income - All Earned/Unearned Income such as Paystubs, Dividends, Unemployment, SSI, SSA, etc. for the previous month <input type="radio"/> Current Bank Statement
<input type="radio"/> Tribal Enrollment – Village IRA	
<input type="radio"/> Show proof of applying for other financial resources Resources include: FAFSA, or other local & regional scholarships	
<input type="radio"/> Career Goal Essay- 300 Words	
<input type="radio"/> Selective Services Registration (Males 18 & Older)	
<input type="radio"/> Acceptance Letter from School or Employment Verification	
<input type="radio"/> Budget Need Sheet from school/training	
<input type="radio"/> Transcripts or Progress reports (If previously funded, provide certification or progress report)	
<input type="radio"/> Letter of Recommendation	
<p>* WIOA (Adult 18 & Older) requires that participants must prepare and be job ready; which includes but not limited to Resume building and actively job searching with Alaska Jobs (DOL & Workforce development @ https://jobs.alaska.gov/) upon completion of training. Proof of verification will determine future funding – Make sure to follow up with WFD.</p>	

DEADLINE: Please submit as early as possible

Training: Application must be completed prior to the first day of training.

Example: training starts on February 2nd, the application must be completed by January 31st.

Employment: Applicant must have application completed within 30 days of date received.

Application must be completed 10 days prior to expected travel date for any travel related expenses

The goal of the AVT/WIOA program is to increase self-sufficiency. Each recipient must work with a caseworker to develop and sign an Individual Self-Sufficiency Plan (ISP). The plan must outline the specific steps the individual will take to increase independence by meeting the goal of education and employment.



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Applicant Information

Full Name		Social Security Number	
Email Address			
Mailing Address			
Physical Address			
Phone Number (H)		(W)	(C)
Veteran <input type="radio"/> No <input type="radio"/> Yes, Discharge Date:		Selective Services Registration <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Marital Status (Please check one)	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
Household Type (Please check one)	<input type="radio"/> Single Individual	<input type="radio"/> Single Parent	<input type="radio"/> 2 Parent Family <input type="radio"/> Foster Family

Household Information - List all persons residing permanently in your household. If you need additional space use another sheet of paper.

Name	Relationship	DOB	Village IRA Tribal Enrollment	Highest Grade Completed	Monthly Income
	Self				

University/College/Vocational School

Name	
Address	
Field of Study or Training	<input type="radio"/> Full-time Student <input type="radio"/> Part-time Student
Start date	Expected Graduation Date

Current or Last Employer	Hourly Wage	Last Date of Employment
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Barriers (will determine priority level)

<input type="checkbox"/> Currently employed/low income	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Unemployed (15+ weeks)	<input type="checkbox"/> Disabled
<input type="checkbox"/> Substance Abuse Issues	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Living in Rural Area	<input type="checkbox"/> Foster Care
<input type="checkbox"/> Public Assistance/Child Support	<input type="checkbox"/> No Driver's License	<input type="checkbox"/> Pregnant/Teen Parent	<input type="checkbox"/> Lack of work history
<input type="checkbox"/> No GED or High School Diploma	<input type="checkbox"/> Lack of Transportation	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Lack of Degree



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INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Name of Applicant	Date of Plan
What are your short-term employment goal(s) to reach self-sufficiency?	
What are your long-term employment goal(s) to become self-sufficient?	

BARRIERS TO YOU AND/OR YOUR FAMILY (CHECK ALL THAT APPLY)

<input type="checkbox"/> Currently employed/low income <input type="checkbox"/> Living in Rural Area <input type="checkbox"/> Lack of work in Village/Town <input type="checkbox"/> High school dropout/no GED <input type="checkbox"/> Unemployment (15 or more weeks) <input type="checkbox"/> Long Term Public Assistance <input type="checkbox"/> In treatment (Substance, Grief, other)	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Disabled <input type="checkbox"/> Lack of degree <input type="checkbox"/> No Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Homelessness	<input type="checkbox"/> Public Assistance <input type="checkbox"/> Criminal History <input type="checkbox"/> Domestic Violence <input type="checkbox"/> 477 Participant <input type="checkbox"/> Teen Pregnancy/Parenting <input type="checkbox"/> In correction facility/Third-party Release date: _____
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Goal # 1	(Example: Get Driver's License)	Date you plan to complete this goal/step?
Step 1	(Example: Study DMV manual)	
Step 2	(Example: Take written test)	
Step 3	(Example: Take driving test)	
Goal # 2	(Example: Create an account on AlaskaJobs.gov)	Date you plan to complete this goal/step?
Step 1	(Example: Gather all my employment history and update my resume)	
Step 2	(Example: Print a copy of my resume and submit to my caseworker)	
Step 3	(Example: Post updated resume on the website)	

I agree to work together with my assigned Case Worker/Manager to develop and prepare an *Individual Self-Sufficiency Plan (ISP)*, which details my individual needs and the steps I will take to achieve my goals. I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment or education, through the steps established above, and that I am required to follow the steps to remain compliant for services. I further understand that a **determination of eligibility does** not guarantee services and that not all services will be financial in nature. I understand priority is given to those who have not previously received services. Failure to complete three (3) of the six (6) steps above may disqualify me from receiving 477 services for a period of 60 days, but not more the 90. I also understand that if there are any changes in my information, that I will contact my caseworker or WFD staff in a timely manner to ensure my information is current.

Signature of Applicant	Date	Workforce Development Caseworker	Date
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CASEWORKER ONLY – Please make calendar reminder to follow up for 30, 90 and 180 days from plan date. Follow up completed on _____ by _____

Outcome: _____



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APPLICANT GRIEVANCE AND APPEAL PROCESS

Maniilaq Workforce Development has established a uniform appeal and grievance procedure applicable to all participants and tribal staff within our Workforce Development programs engaged in any type of activity included under the 102.477 Plan. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal is presented to the Maniilaq Association Tribal Government Administrator. All appeals and grievances must be in writing and submitted within twenty (20) business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). An appeal/ grievance may be sought by any participant within our programs who believe that a violation of the Regulations has occurred. The following procedure shall be used as the means of settling such appeal and/ or grievances:

- Step 1.** The participant will first make his/her complaint in writing known to his/her case worker, within 20 days of the incident.
- Step 2.** If the matter is not resolved, the participant will immediately put such complaint in writing and submit this for review to the TANF Manager or to the WFD Deputy Director, at P.O. box 256 Kotzebue, AK 99752.
- Step 3.** If the matter is not resolved, the participant will immediately request in writing, that the complaint be reviewed by the Workforce Development Director.
- Step 4.** If the matter is not resolved, the participant will immediately request, in writing a review by the Tribal Government Services Administrator.

ALCOHOL/DRUG FREE WORKPLACE/NO FIREARMS ALLOWED: Maniilaq Association maintains a safe and secure drug free workplace and does not allow illegal substances, drug paraphernalia, or firearms upon its property.

CONFIDENTIALITY: Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all WFD Employment & Training staff are required to maintain confidentiality of participants unless otherwise noted in the release of information to which I agree.

CLIENT RIGHTS & RESPONSIBILITIES

As a client, you have the right to be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, age, disability or income status. Maniilaq Association 477 Programs will keep your information confidential. You have the right to discuss any action taken on your application or your case with your case worker or with your case worker's supervisor.

You have the responsibility to treat staff with respect; report changes in your household within 10 days which includes but not limited to: end of employment, change of wage rate, change of part-time to full-time or full-time to part-time; changes on address, schools or training locations; type of degree or training program.

I understand that Federal Law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals, or voices up by any trick, scheme or devise a material fact, or makes any false fictions or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both". I understand that if I acquire services fraudulently, that I am subject to prosecution under 18 U.S.C. 1001 which carries a fine and or imprisonment. I understand that a home visit may be required for some program services.



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Authorization for Release of Information

I _____ (applicant) and _____
(parent, if applicant is under 18 years old) hereby authorize the release of information requested by Maniilaq Association Workforce Development. I authorize Workforce Development to obtain and exchange information related to my application. This release of information shall be in effect while I am an applicant or recipient of Workforce Development Services.

Organizations that may be contacted include, but are not limited to the Department of Public Safety, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local government, public assistance program, Financial Institutions, Native Corporations, Landlords, Employers, School Authorities, and Tribal Government Services.

Printed Name of Applicant

Date

Printed Name of Parent (if minor applicant)

Date

Signature of Applicant

Signature of Parent (if minor applicant)