


Name of Organization:	Federal Employer ID:
Land of Lincoln Workforce Alliance	37-6002039
Address: 1300 South 9th Street Springfield, IL 62703	Phone: 217-524-6103
Contact Person:	Title:
Sarah Graham	Executive Director
Email:	Fax:
sgraham@worknet20.org	217-524-6096
Total Budget Request: \$ 414,208	
Partner Entities to Consortium Application (if any): Lawrence Education Center, Lincoln Land CC, LLWA Illinois Department of Employment Security, Illinois Department of Human Services-DRS and TANF	
Brief Description of Proposal: LWIA 20 serves the counties of Cass, Christian, Logan, Menard, and Sangamon. A consortium of partners are continuing to work together and are committed to serving as the One-Stop Operator. All of the consortium Partners are very well-versed on WIOA and have been instrumental in cooperatively operating the center for the past six years. Two of the partners have been operating the Center since 1996. All Partners have a specific focus and each addresses the targeted populations. The Center services will be paid by the existing programs as identified in the MOU. The proposal identifies planned activities, outcomes, management, reporting, and staffing needs for the Center. The consortium of Partners, individually and collectively, are committed to this project and can assure that the criteria for operating the Center will be met.	
Legal Status (circle one): <input checked="" type="radio"/> Public Agency <input type="radio"/> Private <input type="radio"/> Nonprofit <input type="radio"/> Corporation <input type="radio"/> Private for Profit Corporation <input type="radio"/> Other _____	
Statement of Certification	
The applicant certifies that the information provided in this Request for Proposal including all attachments, is true, accurate and current; and the person signing below is authorized to do so on behalf of the above named organization. The applicant further certifies that the organization will comply with Workforce Innovation and Opportunity Act rules and regulations should the Land of Lincoln Workforce Board fund this program.	
Sarah Graham _____ Authorized Signer (Name Typed)	 _____ Authorized Signature
Executive Director _____ Authorized Signer's Title	4/15/20 _____ Date Signed