**Applicant:**

**Project Name:**

**PARTNER ROLES AND RESPONSIBILITIES**

| **Organization** | **Roles and Responsibilities** | **Cash/In-Kind Contributions (if applicable)** | **Fund Source\*** | **Partnership Agreement Letter\*\*** |
| --- | --- | --- | --- | --- |
| **Workforce Partners** |  |  |  |  |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
| **Employers**  |  |  |  |  |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
| **Education and Training Providers** |  |  |  |  |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
| **Community-Based, Faith-Based, or Other Non-Profit Organizations** |  |  |  |  |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|       |       |       |       | [ ] Yes |
|  | **\*\*\*Total Cash/In-Kind Contributions** | **$ 0.00** |  |  |

\* Type of Funds: WIOA, General/State, other (please describe) as allowed by the Solicitation for Proposal (SFP).

| **STATE USE ONLY** | **EXHIBIT J** |
| --- | --- |
| Subgrant Number |   |
| Grant Code |   |
| Initial Plan |   |
| Modification Date |   |
| Subrecipient Code |   |

\*\*As required by SFP. See pages 10-11 of Appendix A: Proposal Package Instructions for more information.

\*\*\*In order to populate the Total Cash/In-Kind Contributions see pages 9-10 of Appendix A for the Exhibit Instructions.