

## **Recognition of Excellence 2005 Nomination Instructions for Online Submission [www.doleta.gov/roe/](http://www.doleta.gov/roe/)**

**Sign-In Process:** You will be required to obtain a user name and password at [www.doleta.gov/Roe/roelogin.cfm](http://www.doleta.gov/Roe/roelogin.cfm).

### **Part I. Applicant Information**

**Recognition Category:** Serving Out-of-School Youth

**Name of Program, Project or Initiative:** Type in the name used to identify this program, project or initiative.

**Location of Program, Project or Initiative:** Type in the city and state where the program, project or initiative is headquartered or operated.

**Dates of Program, Project or Initiative:** Enter the begin date in the "From" box and the end date in the "To" box. (Use today's date if the program, project or initiative is still in operation.)

**Applicant Status:** Enter "Job Corps operations".

#### **Authorized Representative Information:**

**This section contains identification and contact information for the person with the knowledge and authority to submit this application and represent the program, project or initiative ( e.g., Center Director, Deputy Director, Corporate, Project Manager).**

**Prefix:**

**First Name:** Enter the first name of the authorized representative.

**Middle Name:** Enter the middle initial of the authorized representative. (Not required.)

**Last Name:** Enter the last name (surname) of the authorized representative.

**Title:** Select job title of authorized representative from drop-down menu or select "other" and type in the appropriate title.

**Organization:** Enter the name of the organization/agency of the authorized representative.

**Address:** Enter the full mailing address for the authorized representative, excluding city and state.

Attachment A

**City:** Type in the city for the authorized representative's mailing address.

**State:** Select the appropriate state from the drop-down menu.

**Zip Code:** Type in the five (5) digit zip code.

**Work Phone:** Type in the office telephone number with extension, if appropriate, of the authorized representative.

**Mobile Phone:** Type in the mobile or cell phone number of the authorized representative. (Not required)

**FAX:** Type in the fax number of the authorized representative.

**Email Address:** Type in the email address of the authorized representative.

**Alternate Contact Person:** The alternate contact person is someone who is knowledgeable about the application and available to answer questions and coordinate post-selection activities with the ETA National Office in the absence of the authorized representative.

**Prefix:**

**First Name:** Enter the first name of the alternate contact person.

**Middle Initial:** Enter the middle initial of the alternate contact person. (Not required)

**Last Name:** Enter the last name (surname) of the alternate contact person.

**Address:** Enter the full mailing address for the alternate contact person, excluding city and state.

**City:** Type in the city for the alternate contact person's mailing address.

**State:** Select the appropriate state from the drop-down menu.

**Zip Code:** Type in the five (5) digit zip code.

**Work Phone:** Type in the office telephone number with extension, if appropriate, of the alternate contact person.

**Mobile Phone:** Type in the mobile or cell phone number of the alternate contact person. (Not required)

**FAX:** Type in the fax number of the alternate contact person.

**Email Address:** Type in the email address of the alternate contact person.

## **Part II. Narrative Description of Program, Project or Initiative**

**This section is for the narrative documentation to support your application. Up to 5000 words and/or 30,000 characters will be accepted. This is approximately 10- 500 word double-spaced pages. You may use numbers, standard letters and characters, different font sizes and styles, but no graphics, tables, italics, stars or other symbols, except the bullet shown here (•). We recommend that you prepare your narrative in a word processing format that can be reviewed and edited prior to pasting into the electronic document. You will have limited time and opportunities for editing the application online.**

Please organize your narrative according to the following evaluation areas as required in the 2005 Recognition of Excellence Application Process:

- 1) INNOVATION**
- 2) COLLABORATION**
- 3) PERFORMANCE OUTCOMES**
- 4) LINKING SERVICES TO DEMAND OCCUPATIONS, ECONOMIC DEVELOPMENT AND COMMUNITY BENEFIT**
- 5) REPLICABILITY**

## **Part III. Collaborating Partners**

**This section contains the name of each of the “collaborating partners,” defined as organizations or individuals that provided leadership, funding or significant support to the successful implementation and/or operation of the program, project or initiative. You are limited to listing 25 collaborating partners.**

**How many partners are you listing in this application:** Note that your list must equal the number you place in this box. If they do not match, you will not be allowed to submit your application.

**Type in the identifying information for each collaborating partner:** For each collaborating partner, you will need to have, at a minimum, the prefix, first and last name, job title and name of agency/organization. We strongly encourage you to include all of the contact information requested. Signatures of all collaborating partners will be required for applications submitted for vetting prior to the selection of winners.

**Prefix:**

**First Name:** Enter the first name of the collaborating partner.

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**Middle Initial:** Enter the middle initial of the collaborating partner. (Not required)

**Last Name:** Enter last name (surname) of the collaborating partner.

**Title:** Select job title from drop-down menu or select “other” and type in the appropriate title.

**Organization:** Enter the name of the organization/agency of the collaborating partner.

**Address:** Enter the full mailing address for the collaborating partner, excluding city and state. (Not required)

**City:** Type in the city for the collaborating partner's mailing address. (Not required)

**State:**

**Zip Code:** Type in the five (5) digit zip code. (Not required)

**Work Phone:** Type in the office telephone number with extension, if appropriate, of the collaborating partner. (Not required)

**Email Address:** Type in the email address of the collaborating partner. (Not required)

Provide this information for each collaborating partner.