

JHHSC / DOL Grant Cost/Benefit Program Request

The intent of the DOL Grant is to create a reproducible model for the healthcare industry that improves the skills and wages of incumbent workers. The Department of Labor expects that all expenses they pay for will be reasonable and further the goals of the grant. Though we were not given explicit lists of what will be paid for and what won't be paid for, the DOL does expect that the grant substantively pays for activity above and beyond what we would normally be doing.

The total dollar requests to the grant can easily exceed the \$3million. This form must be submitted for each position you submit for reimbursement. This form will be used to determine dollar amounts reimbursed for each position. Please identify the person in your area who will serve as the primary contact regarding all DOL grant issues.

Your Department DOL Grant Contact Person: _____

Position Title: _____

POSITION PROFILE:

of Current Positions for Above Title: _____

of Employees Filling this Position: _____

Current Vacancy Rate for This Position: _____

Will You Guarantee Hiring Successful Candidates If You Have Positions Open? _____

What Difficulties Do You Have Filling This Position: _____

WAGES:

Starting New Job Wage: _____ Pay Range: _____

If this request is for a contained group of employees in a particular work unit who will be advancing in skills and/or positions (e.g. Lab Tech I to Lab Tech II), please identify for that group:

Average Current Wage: _____ New Wage: _____

