

New York State Education Department
EDGE Provider Application

Agency Name: _____

Address: _____

As agency representative for this application, please PRINT your name and title below:

_____, _____
(Name - PRINT Last, First) (Title)

Please provide signature, date, and telephone/fax numbers below:

_____/____/____
(Signature) (Date)

(_____) _____ (_____) _____
(Telephone) (FAX)

1. Please place a checkmark next to any Job Readiness Components that you plan to offer as part of your EDGE initiative:

Job Club Life Skills Action for Personal Choice
 Career Counseling Other

2A. Please list below both the Occupational Skills Training (e.g., Automotive Maintenance, Data Entry Operator) and Educational Training (e.g., ABE, GED, ESL) Components THAT YOU PLAN TO OFFER AS PART OF YOUR EDGE INITIATIVE. Indicate whether each course will require a work experience (W.E.) component which must be either an Internship or Externship (Job Shadowing is not considered work experience). Please provide a breakout of the number of classroom instructional hours, work experience hours, and total program hours for each course listed:

<u>EDGE Components Offered:</u>	<u>Check if W.E. Required</u>	<u>Instructional Classroom Hours</u>	<u>+</u>	<u>W.E. Hours</u>	<u>=</u>	<u>Total Program Hours</u>
_____	_____	_____		_____		_____
_____	_____	_____		_____		_____
_____	_____	_____		_____		_____
_____	_____	_____		_____		_____

2B. For each course identified in Question 2A, please provide (attach) with this application:

* A Subject Matter Content Outline that contains all major topics of instruction.

2C. For each EDGE component listed in 2A that will require a work experience component, please attach a sample copy of each of the following required forms you will use:

- * Training Plans for each work experience component that includes evaluation and assessment criteria. Please note that each Training Plan should clearly show specific skills, attitudes, and behavior to be evaluated;
- * Standard Agreement(s) to be used with each worksite;
- * Student Work Experience Agreement to be used.

NOTE: If your agency currently does not have any one of the forms above, you must develop what you propose to use and attach with this application.

3. If you intend to subcontract any of your EDGE services to other individuals or agencies, please identify those services and the individuals/agencies below:

<u>SERVICE</u>	<u>Subcontractors INDIVIDUAL(S)/AGENCY</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* A subcontractor is an individual/agency that you are paying to provide a service or program. This subcontractor must be listed on your FS10 (code 40). You have a financial obligation to pay the subcontractor for services rendered.

4. Please identify the individuals at your agency to be contacted regarding your EDGE program's fiscal, participant data, and other administrative reports. Include name, location, telephone/fax numbers and best time(s) to call:

<u>NAME</u>	<u>LOCATION</u>	<u>PHONE/FAX</u>	<u>TIME(S)</u>
Program Manager:			
Fiscal Data/Info:			
Participant Data/Info:			
LDSS Liaison:			
Other:			

5. As an EDGE provider, you will be required to provide your LDSS with the specific data elements listed Attachment G of this LCM. Please identify below any data elements in addition to those listed on Attachment G that you, by agreement with your LDSS, will be required to submit regularly during the EDGE Transition Program:

<u>DATA ELEMENTS</u>	<u>REQUIRED FORMAT (if any)</u>	<u>DATE DUE</u>
*Example: Summary of Monthly Attendance	*Example: LDSS Designed Form (ATTACHED)	*Example: 5 Days After Start of Month

*** Please sign below along with your LDSS representative. Both signatures indicate that you have collaboratively agreed upon necessary critical data elements along with any required format for regular reporting during the EDGE Transition Program:

(Signature of Education Provider) (Signature of LDSS Representative)

INVENTORY CHECKLIST FOR ATTACHMENT E
(To Review Before Mailing Attachment E)

WITH THIS EDGE APPLICATION, DID YOU REMEMBER TO ATTACH THE FOLLOWING? . . .

For each EDGE component listed in Question 2A, you need to attach
(please check off each required item):

_____ one copy of the Subject Matter Content Outline for each course listed in 2A,

_____ one copy of the Training Plan for each work experience component identified in 2A,

_____ one sample copy of the Standard Agreement to be used at each worksite for each work experience component identified in 2A (may be the same generic agreement form for all sites),

_____ one sample copy of the Student Work Experience Agreement to be used for each work experience component identified in 2A (may be the same generic agreement form for all clients).

FOR EXAMPLE

If you listed five EDGE course offerings in Question 2A, and three of those include a work experience requirement, you should include, along with this application, required sample copies of:

- * five separate Subject Matter Content Outlines,
- * three separate Training Plans (for work experience components),
- * one Standard Agreement or three copies if Agreements differ (for work experience components)
- * and one Student Work Experience Agreement or three if Agreements differ (for work experience components).

(You must develop and send proposed forms if you are not currently using any of the forms above.)

_____ Also, if you listed three data elements that will require a specific format in Question 5 as decided by your LDSS (to submit during the EDGE Transition Program), you need to attach sample copies of those three data element forms.

*** Please return your completed and signed application along with all required attachments to your LDSS representative who will submit Attachment E along with other Attachments to the New York State Department of Social Services.

