STATE OF WISCONSIN
DWD
Department of Workforce Development

Department of Workforce Development Pre-Award Risk Assessment

This form must be completed and submitted with the grant application. The Department of Workforce Development (DWD) will use responses to assess the applicant organization's ability to manage grant funds successfully and appropriately. If a grant is awarded, DWD may implement measures to ensure the integrity of grant funds (for example, establishing additional contractual provisions and monitoring procedures) based on the responses provided.

Legal Business Name
FEIN

Organization Background

1. In what year was your organization established? What is your organization's primary product or service?

2. Please provide ownership details. For privately held companies, list the names of all owners with ownership greater than 5%. For publicly traded companies, list the names of all shareholders with ownership interest more than 20%. If not applicable, enter "none."

Pre-Award Risk Assessment, continued

3. List the names of parent, subsidiary, or other organizations which share common ownership (more than 50% ownership interest) with your organization. If not applicable, enter "none."

4. List the names of the members of your organization's governing board. If not applicable, enter "none."

5. Explain if your organization is undergoing a merger or acquisition with another company, or if you anticipate doing so within the next 12 months. If not applicable, enter "none."

Pre-Award Risk Assessment, continued

6. List the names and positions/titles of any key or senior management members of your organization that are public officials. If not applicable, enter "none."

7. Explain the nature of any significant changes in ownership, key personnel, or contracted accounting provider in the last two years (for example controller, executive director, accounting manager, program manager). If not applicable, enter "none."

8. Provide the website address for your organization. If not applicable, enter "none."

Financial Capacity

9. Describe any significant changes in accounting systems and practices at your organization occurring in the last year. If not applicable, enter "none."

10. Describe the circumstances if your organization, or any owner, subsidiary, or affiliate have been involved in bankruptcy or insolvency proceedings or face any pending proceedings. If not applicable, enter "none."

11. Can your accounting system do the following?
    A. Differentiate Commercial Driver License grant revenues and expenditures from other transactions.
    ☐ Yes ☐ No
    B. Record revenues and expenditures by specific budget cost categories (such as those included in your CDL approved budget).
    ☐ Yes ☐ No
    C. Report time and effort for employees who charge to CDL grants/cost centers (if applicable).
    ☐ Yes ☐ No
    D. Assign costs between reimbursement and match expenditures.
    ☐ Yes ☐ No

Pre-Award Risk Assessment, continued

Grant Administration

12. Has the applicant organization received state or federal grants?

☐ Yes ☐ No

If Yes, please disclose the names and details of the three most recent state or federal grants.

13. GRANT 1

Project Title		
Granting Agency		
Contact Information		
Award Amount $	Timeframe	Grant Status** Select One

**Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

14. GRANT 2

Project Title		
Granting Agency		
Contact Information		
Award Amount $	Timeframe	Grant Status** Select One

**Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

15. GRANT 3

Project Title		
Granting Agency		
Contact Information		
Award Amount $	Timeframe	Grant Status** Select One

**Grant Status: Active, Closed-Completed, Closed-Withdrawn, Closed-Terminated

Legal and Regulatory Compliance

16. If you, any key employee, or senior management member of your organization has ever been charged with or convicted of a felony, or any other state or federal crimes involving fraud or misconduct, please list names and charges. If not applicable, enter "none."

Pre-Award Risk Assessment, continued

17. Describe any outstanding or concluded litigation, civil, criminal, or administrative proceedings to which your organization is, or was, a party during the last seven years. If not applicable, enter "none" in each column.

Parties	Nature of Claim	Case Number	Date and Method Commenced	Amount of Damages Sought/Paid	Disposition

18. Disclose any pending, threatened, or concluded governmental violations, investigations, proceedings, and/or arbitrations, occurring during the last five years that involve your organization, any officer, or director acting in their capacity on behalf of your organization. If not applicable, enter "none."

19. Describe the circumstances if your organization has any compliance issues related to payment of federal or state taxes, describe the circumstances. If not applicable, enter "none."

Due Diligence Checklist

All applicants are required to complete the Risk Assessment Form and Due Diligence Checklist. Applicants are strongly encouraged to verify that there are no unresolved issues in these areas prior to submitting the application. Applicants may be automatically disqualified and applications may not be scored if "Yes" is selected in response to any of the items below.

- Within the last 24 months, the applicant has been required to provide a Worker Adjustment and Retraining Notification (WARN) notice under 29 U.S.C. § 2101 et seq., or a notice under Wisconsin's Business Closing and Mass Layoff Law, Wis. Stat. § 109.07. ☐ Yes ☐ No
- The applicant has been found to have violated the Unemployment Compensation laws, Wis. Stat. Ch. 108, within the last 24 months. ☐ Yes ☐ No
- The applicant has been found to have violated the Worker's Compensation Act, Wis. Stat. Ch. 102, within the last 24 months. ☐ Yes ☐ No
- The applicant is on the Department of Administration's list of vendors who are not in compliance with Wis. Stat. § 77.66, unless they demonstrate that they have come into compliance since the last posting date of the list. ☐ Yes ☐ No
- If the applicant is a corporation, the applicant's status is not "registered" or otherwise in good standing with the Department of Financial Institutions. ☐ Yes ☐ No
- The applicant has violated the Wisconsin Fair Employment Act, Wis. Stat. § 111.31 et seq., or employment regulations under Wis. Stat. Ch. 103 within the last 24 months. ☐ Yes ☐ No
- The applicant is listed as ineligible on the Department of Administration's Wisconsin Office of Contract Compliance Vendor Directory. ☐ Yes ☐ No
- The applicant is listed as a delinquent taxpayer with the Wisconsin Department of Revenue. ☐ Yes ☐ No

If the applicant answered "Yes" to any of the above, please provide a detailed explanation of the reasons why the answer is not "No."

Department of Workforce Development Grant Application
Commercial Driver Training Grant

To apply for the Commercial Driver Training Grant, complete and submit this application as a PDF. **Note:** Microsoft Word documents (.doc or .docx), Google docs or links, scanned PDFs, or image format (PNG, JPG, TIF) versions of this form are not accepted.

To submit, email the application form. and supporting documents to DETCDLTrainingProviderProgram@dwd.wisconsin.gov by **3 p.m. CST on December 9, 2026. Incomplete or late submissions are not accepted.**

Project Overview

Applicant Name	
Senate District Number	Assembly District Number
Workforce Development Area (Find information from the WDA Map)	
Application Writer Name	Email
Project Name	
Brief Project Description (100 words or less)	
Project Start Date	Project End Date December 31, 2027
Count of trainees proposed to complete CDL training with grant funding during the project period	
Requested Grant Amount (Maximum $30,000)	

Applicant Project Director (must be an employee of the applicant)

Name		
Title		
Address		
City	Zip Code	County Select One
Phone	Email	

Applicant Fiscal Agent (must be an employee of the applicant)

Name		
Title		
Address		
City	Zip Code	County Select One
Phone	Email	

Do you meet the following eligibility requirements?

Applicant or third party training provider is listed on the federal Training Provider Registry (TPR). ☐ Yes ☐ No
Applicant has one or more facilities located in Wisconsin. ☐ Yes ☐ No
Training meets the federal Entry-Level Driver Training (ELDT) requirements. ☐ Yes ☐ No
Training satisfies the requirements of 49 CFR part 380, subparts F and G. ☐ Yes ☐ No
All proposed trainees will be Wisconsin residents. ☐ Yes ☐ No

BUDGET TABLE

Fund requests must range from $10,000 to $30,000.

	Budget Line Item	Requested Funds
1	Training Costs	$
	Total	**$**

BUDGET DETAIL

For each expense in the Budget Table, provide a detailed description and an itemized cost breakdown for each budget amount.

- The dollar amounts for the Training Cost budget items must equal the dollar amount entered in the Budget Table.

Training Cost

The amount under this section for each individual trained may not exceed 50% of the costs of training the individual in the operation of commercial motor vehicles or $3,000, whichever is less.

For each trainee, provide the name, title, company, or organization name; course name; total cost of training; and total amount requested.

Example (Trainee: John Doe, Toy CDL School, Courses: CDL Theory Course and Class A Manual, Total Cost: $5,048 ($349 CDL Theory + $4,699 Class A Manual), Amount Requested: $2,524 ($5,048 x 50%))

Requested Funds Detail

PROJECT PROPOSAL NARRATIVE

Project Need (20 Points)

- Describe the critical CDL workforce problem that the project will address.
- How will your training program address these needs?
- Provide data, information, or examples to support the need for CDL drivers in your region of the state.

Training Program Design & Implementation (30 Points)

- Describe the type of proposed commercial driver trainings.
- Describe your organization or third party training provider's experience, qualifications, credentials and ability to successfully complete the proposed project.
- What is your plan for recruitment and/or selection of trainees? Does the plan include recruiting economically disadvantaged individuals? If so, how?
- What is your organization's plan for both pre- and post-training skills and knowledge assessment and employability pre-screening that is acceptable to employers such as drug testing, driver's license screening, background checks, etc.?
- Describe any career services outside of CDL training that you offer, or will connect trainees with such as, but not limited to, resume development, job search assistance, or mock interviews.

Training Capacity (30 Points)

- Describe the number of students that will be trained, student background, number of CDL courses offered, milestones, and expected outcomes.
- Describe how the plan, milestones, and outcomes will be monitored.
- How prevalent are job and advancement for successful trainees?

Leverages Partnerships (20 Points)

- Describe how the project leverages new or existing partnerships with CDL employers.
- Describe how this training project will impact the industry or the employer(s).
- Does your organization plan to hire have employers committing to hire any of the project trainees that successfully receive their CDL license?

Certification: It is understood and agreed by the undersigned that:

1. By submitting this application, I certify that, to the best of my knowledge and belief, the information submitted is true and correct.
2. Application proposal will form the basis for any grant awarded and be incorporated by reference into a grant contract with DWD.
3. By submitting this application, I certify that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. By submitting this application, I certify that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes, but is not limited to, lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory interventions, or inadequate capital to complete the project.
5. Applicant understands this application and other materials submitted to DWD's Office of Skills Development may constitute public records subject to disclosure under Wisconsin's Public Records Law, § 19.31 et. seq.
6. Applicant understands that submitting false or misleading information in connection with his/her application may result in the applicant being found ineligible for grant assistance through the Commercial Driver Training Grant program and, if the grant is awarded to the applicant, may be a basis to terminate the grant.
7. I am fully authorized to execute and deliver this contract on behalf of the applicant.

Name and title of the individual authorized to commit applicants to this agreement:

Name		Initials
Title	Date Signed	
Phone	Email	