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| Texas Workforce Solutions logo | **SEAL Program Description**   |
| **Instructions**: Each Board must submit a description of its SEAL program services to TWC by March 1st of each year. Please submit via email to APPO@twc.texas.gov   |
| Workforce Development Board Name:        |
|  Board-Contractor Name (if applicable):        |
| **Program Overview**   |
| Please list program points of contact, including name, email address, and role.  |
| **Workforce Development Board Points of Contact:**  |
| Point of Contact Name:       | Point of Contact Email:      | Role:      |
| Point of Contact Name:       | Point of Contact Email:      | Role:      |
| **Board Contractor Points of Contact (if applicable):** |
| Point of Contact Name:       | Point of Contact Email:      | Role:      |
| Point of Contact Name:       | Point of Contact Email:      | Role:      |
| Will the Board provide Work Readiness Training? If yes, please complete Work Readiness Training section below   | [ ]  Yes [ ]  No  |
| What is the single hourly wage that participants will receive for the paid work experience component? | $     /hour |
| Are there any other associated and necessary costs for the paid work experience? If so, please describe: |       |
| Identify the SEAL application deadline (if none, N/A) |       |
| **Work Readiness Training**  |
| Please complete this section if the Board and/or Board-Contractor will be conducting the Work Readiness Training.       |
| Curriculum to be utilized for Work Readiness Training:        | Total number of hours of Work Readiness Training to be provided:       |
| **SEAL Planning**  |
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| Identify points of contact to ensure orderly coordination and communication between the Board and VR staff. | [ ]  Yes [ ]  No  |
| Identify participating employers and develop worksites | [ ]  Yes [ ]  No  |
| Coordinate with VR contacts to conduct outreach and recruitment | [ ]  Yes [ ]  No  |
| Develop local processes and strategies to support and facilitate ongoing coordination and communication between the Board, its subcontractors, VR staff, schools, parents, and students | [ ]  Yes [ ]  No  |

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| **Submitted By** |
| Name of Board or Board contractor staff member:       | Date:       |