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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](mailto: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: |