



VETERANS' EMPLOYMENT & TRAINING SERVICE  
UNITED STATES DEPARTMENT OF LABOR

**U.S. Department of Labor  
Veterans' Employment and Training Service  
ENPP Partnership Application Form**

OMB Control Number: 1293-0016

The Department of Labor's (DOL) Veterans' Employment and Training Service (VETS) is conducting an Employment Navigator and Partnership Pilot (ENPP) initiative beginning April 2021 at select military installations worldwide. Employment Navigators are assisting transitioning service members (TSMs), and their spouses (S), on selecting "good fit" career pathways and connecting them with "good fit" partners and resources, both government and non-government, based on the TSMs/S' interests, aptitudes, and values to improve their employment related outcomes.

For this initiative, potential non-government partners are expected to meet the eligibility criteria provided on this application. If approved, we expect non-government partners to respond to and assist TSMs/S connected with their organizations in a timely manner, provide regular reports to DOL on the services rendered, and maintain regular contact with the participants and DOL staff.

For non-government organizations interested in partnering with the ENPP, please email your completed application, additional information, documentation, or questions related to this form to [TAPPartnerships@dol.gov](mailto:TAPPartnerships@dol.gov). *Additional information and instructions can be found on page 4 of this document.*

**Partner Information:**

1. Organization name (Enter the exact name assigned the Employer Identification Number {EIN}):  
\_\_\_\_\_
2. Enter the EIN associated with the organization name used above (Do not enter your SSN):  
\_\_\_\_\_
3. Enter the Data Universal Number System (DUNS), if one exists: \_\_\_\_\_
4. Enter Partner Doing Business As (DBA) name, if utilized: \_\_\_\_\_
5. Partner Street Address (Official address associated with EIN):  
 Number and Street: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_
6. Point of Contact (POC)  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**Eligibility Criteria:** To assist in identifying the potential partners that would bring high quality services to our TSMs/S, the potential partner organizations must meet the following minimum requirements to be considered eligible for a partnership for the ENPP. (Complete all fillable areas):

1. Organization provides employment related services and support at no direct cost to Department of Labor, the transitioning service member, or their spouse. Yes  No 
  - a) Provide an example of how services are at no direct cost: \_\_\_\_\_  
\_\_\_\_\_



2. Organization services must have been in place for at least a year. Yes  No

3. Organization must be able to provide DOL the following:

a) Service(s) delivery method: \_\_\_\_\_

b) Geographical areas of service(s): Local  State  Regional  National  International   
 Organization can provide intake from: Local  State  Regional  National  International

c) Industries supported by organization services (North American Industry Classification System (NAICS) sector number and industry name):

- |  |  |
|--|--|
| <input type="checkbox"/> Select All                                      | <input type="checkbox"/> 3 – Real Estate Rental and Leasing  |
| <input type="checkbox"/> 11 – Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> 54 – Professional, Scientific, and Technical Services                         |
| <input type="checkbox"/> 21 – Mining                                     | <input type="checkbox"/> 55 – Management of Companies and Enterprises                                  |
| <input type="checkbox"/> 22 – Utilities                                  | <input type="checkbox"/> 56 – Administrative and Support and Waste Management and Remediation Services |
| <input type="checkbox"/> 23 – Construction                               | <input type="checkbox"/> 61 – Educational Services   |
| <input type="checkbox"/> 31-33 – Manufacturing                           | <input type="checkbox"/> 62 – Health Care and Social Assistance  |
| <input type="checkbox"/> 42 – Wholesale Trade                            | <input type="checkbox"/> 71 – Arts, Entertainment, and Recreation                                      |
| <input type="checkbox"/> 44-45 – Retail Trade                            | <input type="checkbox"/> 72 – Accommodation and Food Services  |
| <input type="checkbox"/> 48-49 – Transportation and Warehousing          | <input type="checkbox"/> 81 – Other Services (except Public Administration)                            |
| <input type="checkbox"/> 51 – Information                                | <input type="checkbox"/> 92 – Public Administration  |
| <input type="checkbox"/> 52 – Finance and Insurance                      |  |

d) Willing to use DOL's chosen platform for verified individual outcome and/or output participant data? Yes  No   
 Outcome  Output  Both  Verified placement number (Previous Calendar Year): \_\_\_\_\_

Limitations on the number of participants that you can serve? Yes  No   
 If yes, what is the anticipated yearly limitation or capacity? \_\_\_\_\_

e) Third party validation of outcome and/or output data: Yes  No   
 Third party validation entity or method: \_\_\_\_\_

f) Responsive POCs for DOL funded staff (if different than the POC in the Partner Information section): Point of Contact  
 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

4. Must provide at least one of the following services as a primary service (If approved, organizations will be required to report individualized outcome/output data monthly on participants receiving services selected below):

<b>Partner Services</b> <i>(For definitions, please see pages 4-5.)</i>	<b>Primary Service</b> <i>(Select only one.)</i>	<b>Secondary Service(s)</b> <i>(Select all that apply.)</i>
Apprenticeship Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Digital Matching	<input type="checkbox"/>	<input type="checkbox"/>
Employment Mentorship	<input type="checkbox"/>	<input type="checkbox"/>
Employment Networking	<input type="checkbox"/>	<input type="checkbox"/>
Hiring Events	<input type="checkbox"/>	<input type="checkbox"/>
Placement Services	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to Employment Opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Training Services	<input type="checkbox"/>	<input type="checkbox"/>
Wrap Around Services	<input type="checkbox"/>	<input type="checkbox"/>

5. Must be willing and able to execute a Memorandum of Understanding with the Department of Labor. Yes  No



**Attestation Information:**

First and Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Attestation: I declare under penalty of perjury under the laws of the United States of America that:

1. I have read and reviewed this application and the information contained therein is true and accurate, and
2. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto to aid, abet, or counsel another to do so is a violation of Federal law under [18 U.S.C. 1001](#).

Entering your name above and the selection of "I agree" below constitutes your signing the attestation under penalty of perjury.

I agree  Electronic Signature: \_\_\_\_\_

Disclaimer: Information submitted as part of this application may be made available to the public. Applicants, please limit proprietary or confidential business information or personally identifiable information (PII) in this application only to information that is directly responsive to the application. The submission of the application constitutes a waiver of the applicant's objection to the public posting of any such information provided in the application. Additionally, the applicant is responsible for obtaining all authorizations from relevant parties for publishing all PII contained within the application. The applicant is presumed to have obtained all necessary authorizations to provide proprietary or confidential business information or PII and may be liable for any improper release of this information in the application. Any changes to the above-mentioned eligibility criteria require immediate notification to VETS. Changes are subject to review and could result in termination of partnership, if established.



### **Instructions**

The following information is designed to assist in properly responding to the DOL VETS Employment Navigator and Partnership Pilot Application Form. Before the form is submitted, please ensure that:

- All information as required on the input form is correct and complete.
- You have read and complied with the information included on the form.

The following section provides additional information on certain referenced numbers throughout the application form.

### **Organization Information:**

**Number 1** - Explanation provided on form.

**Number 2** - The organization must enter its' EIN unless the partner uses an agent designated pursuant to 26 CFR 31.3504-1, a payor designated pursuant to 26 CFR 31.3504-2, or a Certified Professional Employer Organization recognized pursuant to 26 U.S.C. 7705 to furnish the IRS Forms W-2 to its employees. If you are an organization that falls under one of these exceptions, you may leave this field blank.

**Number 3** – The data universal numbering system (DUNS) number is a unique nine-digit identifier for businesses. You can locate your DUNS number with Dun & Bradstreet at [dnb.com/duns-number/lookup.html](http://dnb.com/duns-number/lookup.html).

**Number 4** – If the organization acts under a different name other than the registered business name, enter the Doing Business As (DBA) name. If the organization does not operate under a different name, leave this section blank or enter N/A.

**Number 5** – Enter the official street address associated with the EIN.

**Number 6** – VETS will use this information to contact the organization.

### **Eligibility Criteria:**

**Number 1** - Organization will provide a comprehensive explanation on how their services result in no direct cost to TSMs/S. Options could include, grants, scholarships, and/or funding opportunities which cover costs for supplies and/or fees.

**Number 2** - DOL encourages the development and improvement of services for TSMs/S. However, to be a partner, DOL requires services to have been active for at least a year and validated by a third party. The burden of proof is on the organization to show that their services are in place and are sustainable.

**Numbers 3a** - The type of employment related delivery method. These may consist of one-on-one, in person or virtual employment related services, digital matching services, virtual or in-person events (classroom training, fairs, cohorts, and summits, as examples).

**Number 3b** - The specific geographic areas of service where organization can provide direct services to TSMs/S and/or where partner can coordinate services or opportunities with the organization's employers or other partners. These consist of Local (organizations that perform employment and/or training service(s) within a specified area-whether it be city, town, county, or military installation); State (organizations that perform employment and/or training service(s) within a specified state, or multiple counties, towns, cities, or installations within a state); Regional (organizations that perform services in more than one state); National (organizations that perform services in two (2) or more CONUS regions or across all CONUS states, and/or installations); and International (organizations that perform services across all CONUS states, and/or installations, as well as at international countries or installations).

**Number 3c** – Organization should select the applicable industries supported by their services according to North American Industry Classification System (NAICS) coding. Codes can be found on the NAICS website: [naics.com/search-naics-codes-by-industry/](http://naics.com/search-naics-codes-by-industry/)

**Number 3d** – Organization will commit to reporting data on DOL's platform, once established. Additionally, organization will identify if outcome, output, or both data options can be tracked, current placements (if applicable), and if there are limitations to the yearly capacity an organization can serve.

**Number 3e** - Third party verifications can come in the form of audits, survey results from those who were served through/with the organization's assistance, employer paystubs for those who were placed into employment, annual reports, or other methods that are deemed appropriate. Organizations will be asked to provide some documentation supporting third party verification.

**Number 4** - The type of employment related service the organization provides. A primary service is the main service that an organization provides. Only select one primary service from the Primary Service column for your organization. If the organization provides additional or secondary services, please select all additional services provided from the Secondary Service(s) column. These include:

- (1) Apprenticeship Opportunities: Organization connects participants with registered apprenticeship opportunities.
- (2) Digital Matching: Organization has a digital platform that matches the skills and experience of participants, with potential employment opportunities.
- (3) Employment Mentorship: Organization maintains a directory of mentors willing and available to provide employment



- and training guidance to participants, at varying levels of career readiness.
- (4) **Employment Networking:** Organization provides access to networking opportunities with organizations committed to hiring and/or providing other employment and training related services for participants.
  - (5) **Hiring Events:** Organization offers face-to-face or digital capabilities for participants, to access employment and networking opportunities, and on-the-spot interviews/hiring.
  - (6) **Placement Services:** Organization has means to assess skills and employment goals for participants, to identify employment placement opportunities, and place participants into employment. Partner must have on-going relationships with local, state, regional, national, and/or international employers that are hiring.
  - (7) **Referrals to Employment Opportunities:** Organization leverages their strong relationship with local, state, regional, national, and/or international employers to offer direct referrals to organizations committed to hiring and/or providing other employment, education, and training related services for participants.
  - (8) **Training Services:** Organization provides education or skill training opportunities that are recognized by industry leaders and supports employment prospects for participants.
  - (9) **Wrap around services:** An organization that directly provides or coordinates a combination of individualized services for participants in a local area, and, at a minimum, is connected with the local state workforce agency. Support or coordination of services may include: medical support, legal counsel, employment services, housing support, entrepreneurship training, financial assistance, and education and training assistance, etc.

**Number 5** – A Memorandum of Understanding (MOU) is required to partner with DOL. An MOU outlines an agreement between DOL and willing and eligible partners. Partnerships are defined based upon [10 U.S.C. 1144\(d\)\(5\) and \(6\)](#), as public and private entities, and as a relationship resembling a legal partnership and usually involving close cooperation between parties having specified and joint rights and responsibilities.

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