

See Training and Employment Guidance Letter (TEGL) [06-15](#), which provides guidance on the types of work sites that are acceptable for construction training for YouthBuild (YB) participants and describes the minimum construction activities allowed for work site training.

A separate ETA-9143 with all relevant attachments is required for each YB work site. A work site may include multiple housing units, but not multiple addresses.

For each work site, complete the following:

- all sections of ETA-9143 pages 1 and 2, and attach letters of commitment documenting all resources listed on page 2
- all sections of Attachments A and B

Page 1, all letters attached to page 2, and Attachment A must be dated less than six months before submission to DOL.

If YB grant or match funds will be used for construction materials, complete Attachment C. If not, omit.

If any of the work site units are currently occupied, complete Attachment D. If not, omit.

OMB no.: 1205-0464 OMB Expiration Date: 03/31/2028 OMB Burden Hours: 30 minutes OMB Burden Statement: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Information is collected from eligible applicants for a competition to determine which entities will receive grant funds. Public reporting burden for this collection of information includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Submission is mandatory and is authorized under the Workforce Innovation and Opportunity Act Public Law 113-128 Sec. 171. The information will be used for the YouthBuild grant and response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U. S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Division of Youth Services, Room N4508, 200 Constitution Avenue, NW, Washington, D.C. 20210.

1. Applicant/Grantee Organization Name:	
2. Applicant/Grantee Organization Address:	
3. Work Site Property Identification: (Address and/or Geographic Parcel Identification Number)	
4. Number of housing units that YB participants will construct or renovate <u>on this work site property</u> :	
5. Type of housing to be produced: (Check all that apply)	<input type="checkbox"/> Residential/Rental <input type="checkbox"/> Homeownership <input type="checkbox"/> Transitional
6. Does the owner agree to the five-year Restrictive Covenant* that ensures all housing produced be provided for homeless, low-income, or very low-income persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No, explanation attached
7. The on-site training consists of: (Check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation
8. Name of the current owner of work site property:	
9. Name of entity that will own/manage the property after the construction or renovation work is completed:	
10. Are any YB grant funds or match being used for construction materials?	<input type="checkbox"/> Yes, Attachment C includes details <input type="checkbox"/> No
11. Are any of the units currently occupied?	<input type="checkbox"/> Yes, Attachment D includes details <input type="checkbox"/> No

* See [20 CFR 688.730](#), which requires that the owner agree to the five-year Restrictive Covenant at the time of the issuance of the occupancy permit. If the property is being renovated and will not require an occupancy permit, the grantee must confirm the homeowner/resident is or will be a low-income individual or family.

12. Applicant / Grantee Organization Signatory (must match point of contact and/or authorized representative listed on SF-424)

Printed Name and Title: _____

Organization: _____

Signature: _____ Date: _____

1. Applicant/Grantee Organization Name:	
2. Work Site Property Identification: <i>(Address and/or Geographic Parcel Identification Number)</i>	

3. Work Site Project Costs

- **List all costs associated with this work site**, regardless of funding source, in the appropriate box(es), e.g., if YB grant funds will support acquisition, list the amount in the top left box.
- Leave non-applicable boxes blank and fill in all boxes in the TOTAL row and column. **Final total must match table below.**
- See [TEGL 05-10, change 1](#) for allowable construction costs.
- Do not include costs of staff salaries or participant stipends/wages.

Grant Activities	YB grant	Other Federal	State	Local	Private	TOTAL
Acquisition						
Architecture & Engineering						
Housing Construction						
Housing Renovation						
TOTAL						

4. Work Site Project Resource Documentation

- **List all cash and in-kind contributions**, including any YB grant funds, match funds, and leveraged funds dedicated to the construction project. If using YB grant funds or match funds, complete Attachment C.
- **Attach a letter of commitment from each provider/donor** that provides the specific match amount dedicated to the construction project and the source of the funding. Letters must include the work site address or GPIN and be dated no more than six months prior to the date of submission to DOL.
- Report leveraged resources that are **non-federal** in origin here AND on the ETA-9130 financial report. Report **federal** leveraged resources on this form only.

Name of Provider/Donor	Cash or In-Kind?	Dollar Value
TOTAL resources must match the total costs in the table above →		

An individual with legal authority to make this attestation must complete the following. If this individual prefers to submit a letter, it must contain all information listed on this template and be signed and dated as required.

1. Work Site Property Identification:	
2. Name of the current owner of work site property:	
3. Name of entity that will own/manage the property after the construction or renovation work is completed:	

4. I certify the following regarding the work site property identified above (check all that apply):

- I am the legal owner of the work site property.
- I am the legal signatory for the organization that owns the work site property.
- I am the legal signatory for the organization that has a signed contract for, or option to purchase, the work site property (future owner).

5. I affirm that the YouthBuild program operated by (organization) _____ and its participants will have access to the work site property for the duration of the program or until the agreed upon construction activities are completed by the program, whichever comes first.

Printed Name and Title: _____

Organization: _____

Signature: _____ Date: _____

1. Applicant/Grantee Organization Name:	
2. Work Site Property Identification: (Address and/or Geographic Parcel Identification Number)	
3. Number of participants proposed to work on work site:	
4. Anticipated time it will take to complete construction or renovation:	

5. Description of specific construction (new build or renovation) activities in which participants will be engaged (i.e., modules of training, such as framing, carpentry, drywall, installation, etc.). See [TEGL 06-15](#) for level of construction work that qualifies a work site for YouthBuild. **This section should describe exactly what work is being done on the housing unit(s), and in which parts of that work YB participants will receive hands-on training:**

1. Applicant/Grantee Organization Name:	
2. Work Site Property Identification: <i>(Address and/or Geographic Parcel Identification Number)</i>	

3. List applicable materials and costs below. See [TEGL05-10, change 1](#) for allowable construction costs.

1. Applicant/Grantee Organization Name:	
2. Work Site Property Identification: (Address and/or Geographic Parcel Identification Number)	
3. Total number of persons currently occupying the unit(s):	
4. Number to be permanently displaced during renovation:	
5. Number to be temporarily relocated but not displaced during renovation:	
6. Estimated cost of relocation services:	
7. Source of funds for relocation:	
8. Organization that will provide relocation assistance to occupants (<i>if applicable</i>):	
9. Relocation assistance contact person's name and phone number:	

10. Use the space below to fully describe the relocation process: