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Outreach Plan

Emerging Business and Workforce Development Programs

(Due within 120 days after WHEDA issuance of HTC Reservation Agreement)

The owner will implement activities within this plan in order to meet or exceed Emerging Business and Workforce Development Program goals. The Plan assists WHEDA in determining whether an owner is implementing reasonable and required steps in accordance with Programs requirements, to meet participation goals.

I, _____, hereby acknowledge I am the authorized representative of _____,

who is the owner of the HTC development shown below.

Development Name & HTC Application #	Project Cost Subject to Participation	Emerging Business	
		Goal	Expected

Reminder: Owners (or representative(s) they designate) are to maintain accurate and sufficiently detailed records of all initial and follow-up attempts to involve the participation of both emerging businesses and area residents. Documentation should be maintained showing all activities and actions taken, (i.e. mailings, emails, phone logs, notices, web postings) to meet participation goals. Should Program goals not be achieved, these records will be needed to prepare Good Faith Waiver Efforts Certification(s).

3. Identify emerging business associations or organizations to receive written notifications (letters, emails, faxes, postcards, etc.)

Emerging Business Association/Organization	Contact Person

4. Plans and Specifications

Explain efforts to make HTC development plans and specifications readily available to emerging businesses. Specifically identify plans rooms, online websites, etc. where plans will be/were made available. (Include Solicitations for Bids posted on www.wheda.com)

Plan room & street address/website address where plans will be/were posted	Date plans will be/were made available

5. Contacts

Will the services of a governmental agency or supplier diversity consultant be used to assist in recruitment of emerging businesses? Yes ___ No ___

If yes, specify: Agency or consultant firm name, contact person name and title, date contacted, contact method (phone, email, written correspondence) and phone, email or address of person or firm.

6. Pre-bid meeting or site visit

If the Owner intends to hold or has held a pre-bid meeting and/or site visit, please describe how prospective firms will be/were notified of the date and location of the meeting(s). If meetings have occurred, detail the number of attendees and any follow-up communications with attendees.



D. Attaining Hiring Goals

1. Outreach

Owners and contractors are encouraged to: a) hire in the county where the development is located, b) hire military veterans, and c) retain employees that worked on another HTC development under the Workforce Development Program. Describe any anticipated outreach efforts to disseminate information regarding job opportunities, including contacting the Wisconsin Department of Veterans Affairs and online registration on the Job Center of Wisconsin website: <https://jobcenterofwisconsin.com/> .

2. Notifications

Describe any publications, notifications or other announcements to be placed and/or published, if applicable.

3. Contacts

Describe any anticipated written contacts to be made with workforce development agencies, workforce diversity consultants, unions, trade associations or organizations.

4. Training

Describe any anticipated efforts to provide unemployed or underemployed low-income area residents with information regarding training programs available to attain skills required to work on the development.

5. Job Fairs

Describe any anticipated job fair opportunities to be provided for area residents.



The information above is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of outreach efforts may be relevant and appropriate for the development.

Describe any other activities implemented to meet either the Emerging Business or Workforce Development Program goals.

Complete Outreach Plan Attachment and submit with this document

Authorized Signor: _____

Printed Name & Title: _____

Date: _____



WHEDA Use

Approved: ____ Denied: ____

Reviewer's Printed Name _____

Reviewer Signature _____

Date: _____

If denied, reason(s) for denial:

