

CHIPS WORKFORCE SOLUTION FUNDING ORDER

EFFECTIVE START DATE: [XX/XX/XXXX]

END DATE: [XX/XX/XXXX]

PROGRAM TITLE: [Title]

FUNDING ORDER REF #: [000-0000-000-000]

FUNDING AMENDMENT: [Yes] / [No]

The terms and conditions of this Workforce Solution Funding Order is a part of and governed by the Intermediary Agreement entered into between [Company] and [insert convening Intermediary if applicable] and [insert fiscal agent intermediary if applicable], hereinafter referred to as ("the Intermediary or Intermediaries") and the Intermediary Annex ("Annex G") of the Direct Funding Agreement ("DFA"). However, where the terms and conditions of this Workforce Solution Funding Order conflict with the terms and conditions under the Intermediary Agreement or the Intermediary Annex, these documents shall control.

1. Awardee Background

[Insert brief description of the Company, their CHIPS Direct Workforce Award, their strengths, experience they bring to the table, etc.]

[Convening Intermediary if applicable] is [insert description of the Intermediary, their strengths, experience they bring to the table, etc.]

[Fiscal agent Intermediary if applicable] is [insert description of the Intermediary, their strengths, experience they bring to the table including handling federal funds or large funding amounts, etc.]

As part of its CHIPS Award [Company] chose [Intermediary] as the [Convening Intermediary if applicable] and [Intermediary] as the [Intermediary Fiscal Agent if applicable] to act as the Intermediary and memorialized an Intermediary Agreement with them on [insert date Intermediary Agreement was executed by all parties], which complies with the provisions of [Company's] CHIPS Incentive Award documents.

2. Workforce Solution Funding Order Objective

The objective of this Workforce Solution Funding Order is to provide funding to [[Company]/for the Program Title]. The funding order lays out a plan to draw funds from [insert effective start and end dates].

CHIPS Funding in the amount of [\$X] is requested to be provided to [Company] for this program to support this Workforce Solution Funding Order. The details of the full scope and budget for the workforce solution can be found in sections 4 and 5 of this document.

[If this is a reimbursement, insert: "A portion [or all] of this workforce solution was implemented prior to the Award Date. This is allowable under Section 2.3.3(e)(i)(A) of Annex G of the DFA."]

3. CHIPS Nexus

As outlined in the CHIPS and Science Act of 2022 (P.L. 117-167) (hereinafter referred to as “the CHIPS Act”),¹ and further clarified in the CPO “Guidelines for Workforce Solution Funding Orders: Budget Drafting, Review, Approval, and Audit Processes”, CHIPS fund for workforce may only be used to cover expenses “associated with growing the size or quality of eligible workers, that is, individuals who have a reasonable likelihood of working on (e.g. building, enlarging, or improving) or in the semiconductor-enabling facility documented in the application.”

The plan outlined in this Workforce Solution Funding Order intends to increase [the size and/or the quality] of eligible workers working [on and/or in] [Company] CHIPS incentive-funded facilities.

4. Scope of Work

a. Workforce Solution Investment Type and Participant Type

Solution Type: [Insert solution type]

[Workforce:

1. **New Hire Solutions:** training and placing workers in a new job at a CHIPS company.
e.g.: Any level of job, any person – entry level techs to Ph.D. engineers.
2. **Incumbent Solutions:** training an existing worker to meet company talent needs.
e.g.: Sending engineers to be trained on advanced lithography technology.
3. **Career Exploration Solutions:** developing future workforce pipelines.
e.g.: Funding high-quality Career and Technical programs at 20 high schools in a metro area.
4. **Workforce Ecosystem Investments:** investing in the workforce ecosystem’s capacity.
e.g.: Funding a “Center for Advanced Technologies” at a Community College; building a clean room.

Participant Type: [Insert program participant type]

b. Workforce Solution Description

In order to [increase the size and/or the quality] of eligible workers working [on and/or in] [Company] CHIPS incentive-funded facilities, this plan will [Insert detailed-narrative description of the workforce solution including: The various programmatic activities including all individual components such as recruitment, curriculum development, etc.; the main goals of the solution and how they aim to either or both increase the size or quality of the workforce; the program length, the proposed outcome of the program (e.g.: hire program completers, provide a credential, college credits, etc.), high level timeline, and if funds will be used to hire individuals, please highlight that here and explain the role’s responsibilities].

c. Roles and Responsibilities of Strategic Partners in the Proposed Workforce Solution

¹ See 15 U.S.C. § 4652(d) – Semiconductor Incentives.

To implement the workforce solution outlined above, the entities below will perform the following functions:

[Intermediary 1]: Is responsible for [insert explanation of the Intermediary's role within the solution].

[Intermediary 2, if applicable]: Is responsible for [insert explanation of the Intermediary's role within the solution, if applicable].

[Company]: Is responsible for [insert explanation of the strategic partners role within the solution].

[Strategic Partner 1]: Is responsible for [insert explanation of the strategic partners role within the solution].

[Strategic Partner 2]: Is responsible for [insert explanation of the strategic partners role within the solution].

[Strategic Partner 3]: Is responsible for [insert explanation of the strategic partners role within the solution].

Entity responsible for providing [insert responsibility, e.g.: training]:	Strategic Partner 1
Entity responsible for providing [insert responsibility, e.g.: support services]:	Strategic Partner 2
Entity responsible for [insert responsibility, e.g.: recruiting qualified participants]:	Strategic Partner 3
Entity responsible for [insert responsibility, e.g.: data collection]:	Strategic Partner 1, Strategic Partner 2, Strategic Partner 3,

I, [Intermediary], understand my responsibility to ensure the above Strategic Partners are fulfilling their roles and responsibilities as outlined in this Workforce Solution Funding Order, and when performed, have a reasonable likelihood of increasing [the size and/or the quality of [Company]] workforce.

Initials: _____

d. Performance Indicators and Data Collection Plan

Performance Indicator	Performance Targets (date and value)	Data Type (date and value)	Data Collection Method	Party Responsible
[Cohort 1 (if applicable)]				
[Insert performance indicator, e.g.: Number of applications to Cohort 1]	[X applications by XX/XX/XXXX]	[# applications] [XX/XX/XXXX]	[Input data collection method] <i>Note: this may be a temporary location while</i>	[Strategic Partner First name, last name Title/Position email]

			<i>the CHIPS Workforce Data System is in development</i>	
[Insert performance indicator, e.g.: Number of apprentices recruited by X]	[X recruitments by XX/XX/XXXX]	[# recruitments] [XX/XX/XXXX]	[Input data collection method] <i>Note: this may be a temporary location while the CHIPS Workforce Data System is in development</i>	[Strategic Partner] First name, last name Title/Position email
[Insert performance indicator, e.g.: Number of applications accepted/ accepted into the program]	[X applications accepted by XX/XX/XXXX]	[# applications accepted] [XX/XX/XXXX]	[Input data collection method] <i>Note: this may be a temporary location while the CHIPS Workforce Data System is in development</i>	[Strategic Partner] First name, last name Title/Position email
[Insert performance indicator, e.g.: Number of participants on first day]	[X started on XX/XX/XXXX]	[# starts] [XX/XX/XXXX]	[Input data collection method] <i>Note: this may be a temporary location while the CHIPS Workforce Data System is in development</i>	[Strategic Partner] First name, last name Title/Position email
[Insert performance indicator, e.g.: Retention rate]	[X on XX/XX/XXXX] [X%]	[# participants] [by XX/XX/XXXX] (counted on a monthly basis through end of program)]	[Input data collection method] <i>Note: this may be a temporary location while the CHIPS Workforce Data System is in development</i>	[Strategic Partner] First name, last name Title/Position email
[Insert performance indicator, e.g.: Number of participants hired/retained at end of program]	[X on XX/XX/XXXX] [X%]	[# participants] [by XX/XX/XXXX] / end of program]	[Input data collection method] <i>Note: this may be a temporary location while the CHIPS Workforce Data System is in development</i>	[Strategic Partner] First name, last name Title/Position email
[Insert performance indicator, e.g.: Number of participants utilizing support services]	[X]	[# participants] [by XX/XX/XXXX] / end of program]	[Input data collection method] <i>Note: this may be a temporary location while the CHIPS Workforce Data System is in development</i>	[Strategic Partner] First name, last name Title/Position email

I, [Intermediary], understand what is expected of the partnership based on the section above and will ensure proper data collection and management to ensure a reasonable likelihood of increasing [the size and/or the quality of [Company]] workforce.

Initials: [Redacted]

5. Estimated Budget for Workforce Solution

CHIPS Direct Workforce Funding in the amount of [\$X] is requested to be provided to [Company] for this program to support this Workforce Solution Funding Order. [The total spending planned, including CHIPS Direct Workforce Funding, company investment and leveraged funds, to implement this workforce solution is [\$X].]

The line-items comprising the total estimated budget, as shown in the following “Estimated Budget for Workforce Solution” table have been organized into the CPO’s template cost Categories and Sub-Categories in order to facilitate compliance with CPO’s eligible expenses guidance.

[Note: An estimated budget table has been provided for either Program Administration Costs or Workforce Ecosystem Costs. The WSFO developer should choose which expenditure category this Order falls under and use that estimated budget table and delete the other.]

Estimated Budget for Workforce Solution: [Program Title]		
EXPENDITURES: PROGRAMMING INVESTMENT		
BUDGET CATEGORIES	BUDGET SUB-CATEGORIES / LINE-ITEMS	BUDGET
Program Administration Costs	Marketing <ul style="list-style-type: none"> [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal	[\$0]
	Operations <ul style="list-style-type: none"> [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal	[\$0]
	Recruitment <ul style="list-style-type: none"> [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal	[\$0]
Activity Costs	Supplies and Equipment <ul style="list-style-type: none"> [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal	[\$0]
	Program Administration Costs Subtotal	[\$0]
	Employment Readiness <ul style="list-style-type: none"> [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal	[\$0]
	Event(s) <ul style="list-style-type: none"> [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal	[\$0]

Participant Support Costs	Participant Wages	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Small Incentive Purchases	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Supplies and Equipment	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Training	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Activity Costs Subtotal		[\$0]
	Fees, Fines and/or Taxes	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Meals	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Reimbursement(s)	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Stipends / Cash Equivalents	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Support Services	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Travel	<ul style="list-style-type: none"> • [Insert applicable Line-Items if needed] 	[\$0]
	Subtotal		[\$0]
	Participant Support Costs Subtotal		[\$0]
Total Cost of Workforce Solution			[\$0]
WORKFORCE SOLUTION FUNDING SOURCES			
CHIPS Program Office			[\$0]
[Company]			[\$0]
[State]			[\$0]
[Other Source]			[\$0]
Total Funding Available for Workforce Solution			[\$0]

Estimated Budget for Workforce Solution: [Program Title]

EXPENDITURES: WORKFORCE ECOSYSTEM INVESTMENT			
Workforce Ecosystem Investment Costs	Capital Expenditure	• [Insert applicable Line-Items if needed]	[\$0]
		Subtotal	[\$0]
	Direct Payments to Vendors / Providers	• [Insert applicable Line-Items if needed]	[\$0]
		Subtotal	[\$0]
	Networking	• [Insert applicable Line-Items if needed]	[\$0]
		Subtotal	[\$0]
Operation	• [Insert applicable Line-Items if needed]	[\$0]	
		Subtotal	[\$0]
Total Cost of Workforce Solution			[\$0]
WORKFORCE SOLUTION FUNDING SOURCES			
CHIPS Program Office			[\$0]
[Company]			[\$0]
[State]			[\$0]
[Other Source]			[\$0]
Total Funding Available for Workforce Solution			[\$0]

I, [Intermediary], understand how the partnership intends to spend funds to fulfill the scope of work in this Workforce Solution Funding Order, and will manage the duties both to expend funds in accord with the Intermediary Agreement signed with [Company] and to meet the performance objectives outlined above to ensure a reasonable likelihood of increasing [the size and/or the quality of [Company]] workforce.

Initials: _____

6. Payment Terms

Funding up to [\$X] will be disbursed by [Company] to execute and complete the workforce solution articulated in this Workforce Solution Funding Order. [Intermediary] will be responsible for submitting draw down requests with any appropriate documentation to [Company] and for distributing funds to Strategic Partners with whom [Intermediary] will engage with as required by the above workforce solution description.

Draw down requests should be submitted by [Intermediary] to [Company] in accordance with the following milestones:

DRAW SCHEDULE		
Payment	Submission Date	Milestone

[\$]	[XX/XX/XXXX]	[Insert Milestone, e.g.: Workforce Solutions Funding Order approved and executed]
[\$]	[XX/XX/XXXX]	[Insert Milestone, e.g.: At completion of Cohort 1]
[\$]	[XX/XX/XXXX]	[Insert Milestone, e.g.: At completion of Cohort 2]
[\$]	[XX/XX/XXXX]	[Insert Milestone, e.g.: At completion of Cohort 3]
[\$]	[XX/XX/XXXX]	[Insert Milestone, e.g.: At completion of Cohort 4]
[\$]	TOTAL	

[[These terms are flexible and designed to encourage conversation and agreement between the Company and Intermediary]

Payment from [Company] to [Intermediary] will be issued approximately [X] days after complete and accurate draw down requests are submitted to [Company].

[Company] reserves the right to refuse payment for a draw down that is submitted more than [X] days past the end of the associated activity.

[Company] reserves the right to refuse payment should the terms of any section of this Workforce Solution Funding Order not be met.

Funding for this Workforce Solution Funding Order is presently available only until the Workforce Solution Funding Order End Date [XX/XX/XXXX]. [Company] may be unable to compensate for any costs incurred past the Workforce Solution Funding Order End Date [XX/XX/XXXX].]

I, [Intermediary], understand what is outlined and expected of the partners referenced in this Workforce Solution Funding Order and have reflected the referenced partners financial needs to accomplish their scoped work. Based on the milestones outlined in this draw schedule, [Intermediary] believes this workforce solution will have a reasonable likelihood of increasing [the size and/or the quality of [Company]] workforce.

Initials: _____

SIGNATURE PAGE

CHIPS RECIPIENT, [Company]

Name (Printed):

Date:

Signature:

INTERMEDIARY, [Intermediary]

Name (Printed):

Date:

Signature:

OMB Control No. 0690-0040

Expiration Date: 10/31/2027

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