**Recruitment and Retention Pilot Project and Network**

**Application**

**Please type your answers directly into the boxes provided.**

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| **Name of Agency:** |  |

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| **Agency’s Project Lead and Contact Information** | **Name:** |
| **Email:** | **Phone #:** |

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| **County you will be focusing on (only 1 county per provider)** |  |

**Pick the size Category that describes your agency (The total number of people you support as an agency not just in the county you will be focusing on).**

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| **Small (0-99)** |  |
| **Medium (100-499)** |  |
| **Large (500+)** |  |

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| **How many total employees does your agency employ in the county you are focusing on?** |  |

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| **How many open positions do you currently have in the county you are focusing on?** |  |

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| **Are you able to commit a minimum of $1000 match to the project?** |  |

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| **If you would like to commit more, what is the total amount of match you are willing to contribute?** |  |

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| **Are you willing to permit OPRA/OADSP to survey any new employees who are hired during the timeframe of this project?** |  |

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| **Are you willing and able to commit to at least 6 monthly project meetings through the term of this project?** |  |

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| **Please share a few words about why you are interested in participating in this project.** |

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| **Please describe your current recruitment strategies? (Social media, traditional media, word of mouth, relationships with schools, colleges, universities, etc.)** |

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| **What strategies have you instituted over the past year to retain employees? (Increase wages, bonuses, mentoring, improved benefits, etc.)** |

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| **During the first 5 months of 2021 how many DSPs have applied?** |  |
| **During the first 5 months of 2021, how many interviews have you conducted?** |  |
| **During the first 5 months of 2021, how many DSPs have you hired?** |  |
| **Of the DSPs you have hired over the first 5 months of 2021, how many are still with your agency?** |  |

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| **Please describe the biggest barriers to finding new employees.** |

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| **Please describe the biggest barriers to keeping your current employees.** |

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| **Please describe, in detail, the negative impact of your staff shortage.**  |

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| **Is there any other information you would like to share?** |

Please send your completed application to Rhonda Jacob at rjacob@opra.org