



2018-19 Employed Worker Training (EWT) Grant Application

SECTION 1: EMPLOYER INFORMATION

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Company Name:		FEIN:	
List other Business Names if Applicable:			
Street Address/Mailing Address:			
City:	Zip:	County:	
Contact Person:	Title:		
Phone:	Ext.:	Fax:	
Email Address:	Website Address:		
Years in Operation in the State of Florida			
Years in Business:	How long in Okaloosa/Walton County:	County License#:	
Chief Product/Service:	NAICS Code:	Total # Full-time Employees:	
Description of your business, product (s) and or service (s):			
How many new hires do you anticipate in the next 12 months?			
Type of Business:	<input type="checkbox"/> Private for-Profit	<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Public
Legal Structure:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Does your organization have any affiliation with CareerSource Okaloosa Walton (i.e. member of Board of Directors or subcommittee, employee's family member is a CareerSource Okaloosa Walton Board employee, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, please explain:			
Yes	No		
		1. Is the company minority owned? Please check the appropriate boxes if applicable <input type="checkbox"/> Native-American owned <input type="checkbox"/> Asian-American owned <input type="checkbox"/> Hispanic-American owned <input type="checkbox"/> African-American owned <input type="checkbox"/> Women-owned <input type="checkbox"/> Other minority owned	
		2. Does the company have ongoing training programs?	
		3. Does the company have an established training budget?	
		4. Is the business being sold, closed, or merging with another company?	
		5. Has your company relocated from another labor market in the U.S. within the last 120 days leaving any workers behind? If yes, please list facility locations where you have filed WARN notices in the past six (6) months: _____	
		6. Has anyone been laid off from the same or equivalent job for which training funds are being requested? If layoffs, please provide the number of affected employees: _____	
		7. Is a new job being created in a promotional line that infringes in any way on the promotional opportunities of currently employed workers as of the date of the participation date?	

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	8. Will the workforce participant displace (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits) any currently employed employee (as of the date of the participation)?
	9. Are there any outstanding wage and hour, health and safety, or discrimination complaints or adverse decisions on your firm? If yes, how many occurred in the past twelve months? _____
	10. Is the employer debarred , suspended , or otherwise excluded from or ineligible for participation in Federal programs or activities?
	11. Will any of the funds be used for foreign travel?
	12. Will any of the funds be used to encourage or induce a business, or part of a business, to relocate to Okaloosa or Walton counties from any location in the United States?
	13. Are the funds sought in connection with past or impending job losses at other facilities?
	14. Is the business involved in any circumstances related to falsely labeling products as made in America?
	15. Does this company have a collective bargaining agreement with a labor organization? If yes, please attach a "concurrence letter from the union"
	16. Will any authorized program or activity impair existing contracts for services or collective bargaining agreements?
Is the company receiving/applying for other training grant funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Such as: <input type="checkbox"/> OJT (On-the-Job Training)	<input type="checkbox"/> QRT (Quick-Response Training)
<input type="checkbox"/> I (Incumbent Worker Training)	<input type="checkbox"/> Vocational Rehabilitation

Authorized person (s) to sign the Training Grant Contracts and other official documents

a. Name and Title: _____

b. Name and Title: _____



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SECTION 2: TRAINING PROJECT INFORMATION

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Description of the proposed training project(s): Please note that you have choices in deciding the training program that best fits your company needs as well as choices in the training organizations that will provide that service.

Describe each Training Program for which you are requesting assistance (attach additional sheets if necessary):

Name of Training Provider: (If known)			
Training Provider Contact:		Title:	
Street Address:			
City:	State:	County:	Zip Code:
Phone:	Ext.:	Fax:	FEIN:
Email Address:		Website Address:	
Type of Training Provider:	<input type="checkbox"/> Public training institution	<input type="checkbox"/> Private training institution	<input type="checkbox"/> Private Instructor/Consultant
Does the Training Provider have any affiliation with CareerSource Okaloosa Walton (e.g. member of Board of Directors or subcommittee, employee's family member is a CareerSource Okaloosa Walton Board employee, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please explain:			
Training Title:		SOC Code:	
Start Date (30 days from application date):		End Date (no later than 06/15/2019):	
Number of trainees:		Number of Training Hours :	
Total Cost of Training:		Cost of Training per Trainee:	
How many employees receiving training have been on staff longer than six months?			
Please provide a narrative description of the training to be provided and the type of certifications the employee/trainee will earn during the completion of the training:			
Please explain why the training is needed:			
Job Title(s) of Trainees	# of Trainees with this Job Title	Average Wage of Trainees	

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SECTION 3: ANTICIPATED OUTCOMES OF THE TRAINING PROJECT

Training projects have many different outcomes that impact a company and its employees. Please complete the chart below by describing how this training will impact your company's success. **Be as descriptive as possible. Attach additional sheets if necessary.**

Statement	Yes	No	Describe What/How/Who/How much?
<p>Saves jobs within the company <i>If the training is <u>not</u> provided, will it result in a need to replace existing workers with workers who have the skills?</i></p>			
<p>Creates new jobs and/or openings for entry-level positions and the company intends to use CareerSource Okaloosa Walton to post openings <i>Will the training result in promotional opportunities for the trainees creating openings for others to move up and/or new staff to be hired?</i></p>			
<p><i>If so, do you intend to utilize CareerSource Okaloosa Walton to post job openings and recruit qualified candidates?</i></p>			
<p>Provides a significant skill upgrade <i>Does this training significantly increase the current skill level of the trainees? How? Describe.</i></p>			
<p>Improves wage levels of trainees <i>Will the training result in wage increases for those being trained? Describe and include the amount of any proposed increases.</i></p>			
<p>Helps prevent the company from having to relocate operations <i>If the training is <u>not</u> provided, will it result in a need for the company to relocate operations to an area with workers who have the skills?</i></p>			
<p>Critical to the viability of the company <i>Are there current or anticipated changes in processes and/or technology innovations that require new or different skills than currently required of employees? Describe</i></p>			
<p>Please select if the training relates to any of the below activities:</p> <p><input type="checkbox"/> Introduction of new technology</p> <p><input type="checkbox"/> Introduction of new product/service</p> <p><input type="checkbox"/> Upgrading to new jobs that require additional skills</p> <p><input type="checkbox"/> Workplace literacy</p> <p><input type="checkbox"/> Other – Provide detailed explanation</p>			

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SECTION 4: WORKFORCE TRAINING NEEDS COST ANALYSIS

Complete the following budget in as much detail as possible:

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Budget Category	(B) Estimated Cost per Trainee	(C) # of Employees to be Trained	(D) Total Estimated Cost of Training
Tuition/ Training/Course Cost			
Training Instructor Costs/ Trainer's Wages			
Tuition, Textbooks, Training Materials, etc.			
Training Equipment Purchase			
Travel, Food, Lodging			
Other Costs (describe in detail if you wish to propose that it be included in the award)			
**Trainee Wages (Including benefits) – Special Circumstances only* (Colum D= Avg. wage X # of trainees X # of training hours)			
TOTAL			

Estimated Cost per Trainee (Colum "B"): Colum "D" divided by Colum "C".

EWT award cannot fund training equipment purchase, wages, travel, food or lodging cost.

****Trainee wages may be included as an in-kind contribution if training takes place during normal work hours.**

Does your company have adequate resources to support 50% of the total cost of this training? Yes No

Additional Comments:



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SECTION 5: CERTIFICATION BY AUTHORIZED COMPANY REPRESENTATIVE

NOTE: The individual signing the application below must have authority to enter into contracts on behalf of the applying company.

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature:	Title:
Print Name:	Date:

Approved Yes No

**CareerSource Okaloosa Walton
Executive Director**

Date:

Submit via email to: gleysath@careersourceow.com

OR mail to:

**CareerSource Okaloosa Walton
Employed Worker Training
Attention: Gabriela Leysath/ Business Services Coordinator
409 Racetrack Rd. NE, Ft. Walton Beach, FL**

For Staff Use Only		Funding Source		
___ Customized Training		___ WIOA	___ TANF	___ Other
___ Employed Worker Training		___ WIOA	___ TANF	___ Other
___ Incumbent Worker Training		___ WIOA	___ TANF	___ Other
___ On-the-Job Training		___ WIOA	___ TANF	___ Other