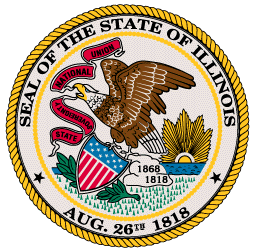
****Illinois Department of Commerce and Economic Opportunity

**WORKFORCE TRAINING SUPPORT PROGRAM**

**APPLICATION**

| Section 1: Applicant Information | | | | |
| --- | --- | --- | --- | --- |
| 1.1 | **Legal Name of Applicant:** *(Attach copy of W-9)* |  | | |
| 1.2 | **Address of Applicant:**  *(Include your extended 9-digit zip code):* |  | | |
| 1.3 | **Chief Officer:**  *(If more than one, attach a list with all Officers)* | Name: |  | |
|  |  | Title: |  | |
|  |  | Address: |  | |
|  |  | Phone: |  | |
|  |  | Fax: |  | |
|  |  | E-Mail: |  | |
| 1.5 | **NAICS Code:** |  | | *(6-digit Industry Classification Code)* |
| 1.6 | **Applicant Website:** |  | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Section 2: Program Specific Information | | --- |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 2.0 | Identify if the applicant will serve Large Companies, Small Companies, or both:  Large Companies  Small Companies  Both  **Large Company**- average full-time employment of participating companies is 250 employees or above Small Company - average full-time employment of participating companies is 250 employees or less | | | | | 2.1 | Type of qualifying organization applying for grant (check one): Business or Industry Association  Strategic Business Partnership Institution of Secondary or Higher Education  Labor Organization Large Manufacturer for Supplier Network Training  Other | | | | | 2.2 | History and Summary: Please provide a history and summary of the qualifications of the organization submitting the application. Include any related experience in coordinating, conducting, or sponsoring training programs, and any history with prior state or federal grants received. | | | | | 2.3 | Description of Regional Geographic Area Served: Briefly describe the regional area to be served by the proposed Department of Commerce & Economic Opportunity program. | | | | |  |  | | | | | 2.4 | Grant Contact/Administrator Information ***(Person responsible for answering questions related to the grant application.)*** | Last Name: |  | | | First Name: | Mr. Mrs. Ms. | | | Job Title: |  | | | Phone: | Ext | | | Fax: |  | | | Email: |  | | | 2.5 | Total Amount of Funds Being Requested By Applicant*(total must match schedule C and equal 50% of all companies training costs)* | | $ | | | 2.6 | Estimated number of companies who will be participating in the grant opportunity. *(Attach completed company Profiles for each participating company)* | |  | | | 2.7 | Estimated number of new/created and existing/retained full-time Illinois employees expected to be trained during the grant Term*. (Unduplicated)**A “New/Created" employee is a person hired/will be hired, during the award term and results in a net increase in the facility's employment after grant term begins.* | | Total Number to be Trained*(unduplicated)* | | | New/Created |  | | Existing/Retained |  | | 2.8 | Applicants must complete and attach Schedules A, B and C and submit with application. Applications will not be processed until completed schedules are submitted. | | Please AttachSchedule A –Description of Training & TimetableSchedule B - Trainee /Trainer CostSchedule C – Project Budget Summary | |  | Section 3: Applicant Certification  Applicant Certification | | | | --- | --- | --- | | As the applicant’s duly authorized representative, and on behalf of the applicant, I agree to and certify the following:   1. Understands that receipt by the Department of Commerce and Economic Opportunity of an application for training assistance is not a guarantee or commitment by DCEO for funding; 2. Agrees to submit to DCEO, on either a monthly basis or other basis agreed upon by the Department and the Grantee, information regarding training activity as required for training payment under the Employer Training Investment Program; 3. Agrees to submit to DCEO, within 60 days following the end of the grant period, a written evaluation of the results of the training experience by the participating companies.  The evaluation report should be based on the measurable outcomes or benefits contained in the grant application; 4. Authorizes DCEO to verify in any manner deemed appropriate any and all items indicated in this application which include information obtained through the Illinois Department of Employment Security and business reporting services such as Dun and Bradstreet; 5. Agrees to submit to DCEO by the end of the grant period the Unemployment Insurance Employer Account Number and Taxpayer Identification, Number of all employers participating in an approved training program, and the Social Security Number of all employees participating in the approved training program or, in lieu thereof, an applicant may provide a notarized certification signed and dated by a duly authorized representative, or that representative's authorized designee, certifying that all participating employees are employed at an Illinois facility and that the applicant has adequate written verification of the employees' employment at an Illinois facility.  The Department may audit the accuracy of submissions.  An Applicant sponsoring multi-company training grant programs shall obtain information meeting the requirement of this subsection (j)(5) from each participating company and provide it to the Department upon request; 6. Agrees to notify DCEO promptly regarding any major changes in the project (e.g., layoff situations at participating companies, changes in training plans or schedules); 7. Maintains that, to the best of its knowledge as of the date of the application, no employers participating in the project are in material violation of local, State or federal labor laws at any sites involved in the application, and that abnormal labor conditions such as a strike or lockout do not exist at any of these sites; 8. Acknowledges that, if the application is funded, the applicant will be required to comply with the Illinois Drug Free Workplace Act [30 ILCS 580], the Illinois Human Rights Act [775 ILCS 5], the Americans With Disabilities Act (42 USC 12101) and any future laws enacted that may be applicable to the grant; 9. Maintains that all information contained in this application, including the documentation, is accurate, complete and true to the best of their knowledge; 10. That, if funded, all companies participating in the training and the trainees of those companies will be notified in writing that the training is partially funded by the Employer Training Investment Program grant administered by the Department of Commerce and Economic Opportunity; 11. Agrees that, upon request by the Department, it will conduct an audit of grant funds in accordance with generally accepted auditing standards and any special audit conditions that the Department deems necessary to ensure the accountability of public funds; and 12. Agrees:    A)  if the project is funded, to make every effort to reemploy individuals who were previously employed at the facility when:  i)         the employer is reopening, or is proposing to reopen, a facility that was last closed during the preceding two years;   ii)       at least one-third of the persons who were employed at the facility before its most recent closure remain unemployed; and   iii)      the product or service produced by, or proposed to be produced by, the employer at the facility is substantially similar to the product or service produced at the facility before its most recent closure; and  B)   to notify the Department when all these conditions are met.  Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my information and belief, the information contained herein is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.  I hereby release to DCEO the rights and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after grant application for the purpose of publication on DCEO's website.  I hereby also release any and all claims against DCEO its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website. | | | |  |  |  | | Authorized Signature | Printed Name & Title | Date | |

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**COMPANY PROFILE (or equivalent)**

**(TO BE COMPLETED BY PARTICIPATING EMPLOYERS & SUBMITTED FOR REIMBURSEMENT)**

**Incomplete profiles will not be processed.**

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| Company Name: (as listed with IRS) | | | | Year Established: | | | | Contact Person: | | | | Title: | |
|  | | | |  | | | |  | | | |  | |
| Company Address: | | | | | | City: | | | State: | | Zip Code: (9 digit zip code) | | |
|  | | | | | |  | | | IL | | + | | |
| County: | Phone Number: | | Ext: | | Fax Number: | | | Email Address: | | | | | |
|  | (   )     - | |  | | (   )     - | | |  | | | | | |
| Taxpayer Identification #: | | **Illinois Unemployment Insurance #:\*** | | | | | | NAICS Code: | | Web Site: | | | |
| - | |  | | | | | |  | |  | | | |
| Type of Company: | | | | Products Manufactured and/or Services Provided: | | | | | | | | | # of IL Employees: |
| Manufacturing  Service  Other | | | |  | | | | | | | | |  |
| Percentage of sales (Sum should total 100%): | | | | | | | Countries where currently exporting products: | | | | | | |
| In Illinois      % Other states      % Foreign      % | | | | | | |  | | | | | | |
| Illinois Capital Investment During Grant Term - Total | | | | | | | Project Capital Investment During Grant Term | | | | | | |
| $ | | | | | | | $ | | | | | | |
| Total Employees At Project Location(s) | | | | | | | # Employees to be Trained | | | | | | |
|  | | | | | | |  | | | | | | |

Identify other financial training assistance, including but not limited to any Federal, State, or local governmental financial assistance, has the company applied for or been awarded in the last 3 years? **(If applicable, please check one or more)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| IL Department of Commerce and Economic Opportunity | | | Date: |  | Amount: | $ |
| City/Municipal (Specify) |  | | Date: |  | Amount: | $ |
| Other (Specify - Educational institution; foundation; non-profit; or employer organization (e.g. trade association; chamber of commerce) | |  | Date: |  | Amount: | $ |

Name of Labor Union(s) representing employees at facility (If additional unions, please specify per below and add an attachment):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Union(s): | Contact Person(s): | Position: | | |
|  |  |  | | |
| Address: | City: | | State: | Zip Code: |
|  |  | |  |  |

*The company certifies: that to the best of its knowledge, we are not in material violation of local, state or federal labor laws at any site involved in this application, and abnormal labor conditions such as a strike or lockout do not exist at any of these sites; employees will be notified in writing that the training is partially funded by the GRANT Program grant administered by the Illinois Department of Commerce and Economic Opportunity; and training is necessary to upgrade participating employees’ skills to keep the company and employees current and competitive. Pursuant to 20 ILCS 605/605-810, the applicant agrees, if the project is funded, to make every effort to reemploy individuals who were previously employed at the facility when: 1) the employer is reopening, or is proposing to reopen a facility that was last closed during the preceding two years; 2) at least one-third of the persons who were employed at the facility before its most recent closure remain unemployed; 3) the product or service produced by, or proposed to be produced by, the employer at the facility is substantially similar to the product or service produced at the facility before its most recent closure. Further, the grantee agrees to notify the Department when all these conditions are met. The company also agrees to report the employment status of all trainees at 90 and 180 days following the completion (last day) of training. The report shall be due no later than 190 days after the project end date. The company further agrees to allow any agent authorized by the Department, upon presentation of credentials to, in accordance with the constitutional limitation on administrative searches, full access to and the right to examine any documents, papers, and records of the Grantee involving transactions relating to a Grant from the Department, including but not limited to, employee wage records (including social security numbers), detailed invoice(s) received from and checks paid to external vendor(s) for training services provided during the course of the grant period. If applicable, documentation regarding the company’s internal training program is required, including but not limited to approved hours plus approved cost as well as trainee sign-in sheets for each approved training activity performed.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Officer **(Please type or print)**: | |  | | Title: | |  |
| Signature: |  | | Date: | |  | |

***\*For assistance acquiring this number, contact IDES Employer Services Hotline at 800-247-4984.***

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| Section 1: Applicant Information - Instructions |

**Question #1.1:** Provide the applicant’s legal name which is reflected on your Federal W-9 form. If the applicant is a Limited Liability Company with a tax classification of "C" or “P” - an IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.

**Question #1.2:** Provide the applicant's business address, including the 9-digit zip code.

**Question #1.3:** Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.

**Question #1.4:** Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.

**Question #1.5:** Provide the applicant’s North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com/index.html>

**Question #1.6:** If applicable, provide the applicant’s website address.

**Question #1.7:** Provide the applicant’s Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a DCEO award.

**Question #1.8:** If the applicant is an individual with no FEIN, provide the applicant’s Social Security Number (SSN). Do not provide a Social Security Number if you are also providing a FEIN for Question #7.

**Question #1.9:** A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant’s DUNS number. If your business does not have a DUNS number, you may request one at: <http://www.dnb.com/us/duns_update/>

**Question #1.10:** Indicate the start date and end date of the applicant’s fiscal year (accounting year) with month, day and year.

**Question #1.11:** Check the appropriate box if the applicant's business is a women or minority-owned business. A women or minority-owned business is defined as a business at least 51 percent owned and controlled by persons who are women or minority-owned. Minority-owned is defined as the following race/ethnic groups: Black / African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. If minority-owned, then check the appropriate race/ethnic group box that applies.

**Question #1.12:** Indicate the number of people that you expect will be served by the grant by each race/ethnic group that is listed.

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| Section 2: Program Specific Information – Instructions |

**Question #8.0:** Please identify whether you are a Large or Small Company applicant.

To qualify as a Large Company, the average full-time employment level of all participating companies must, on average, have 250 or more employees.

To qualify as a Small Company, the average full-time employment level of all participating companies must, on average, have less than 250 employees.

**Question #8.1:** Please indicate the type of organization that qualifies you as an applicant.

**Question #8.2:** Please provide a brief history of your grant eligible organization; include grant qualifications, organizations goals, length of incorporation, and brief outline of previous state and federal grant history.

**Question #8.3**: Please provide a description of geographic and or regional representation of your organization.

**Question #8.4:**  Please provide a brief description of how participating companies are selected for participation Name, address and information of the grant contact person. This person will be the person overseeing the grant, and can answer any questions regarding application content.

**Question #8.5:** Please provide name and requested information of the grant contact person (person overseeing the grant).

**Question #8.6:** The training program pays no more than 50% of overall training costs. Therefore the total amount of funds being requested should equal no more than 50% of total training cost of all participating companies.

**Question #8.7:** Please provide the total estimated number of eligible companies that will be participating in the grant and using the funds to training their full-time employees

**Question #8.8**: Please provide the total number of new and existing employees who will be participating in training through the use of these grant funds. All trainees must be full-time employees of participating companies.

**Question #8.9**: Applicant must complete and submit, with the application, separate Excel training schedules A, B and C.

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| Section 3: Applicant Certification – Instructions |

The applicant should read and understand the certification statement provided in this section. The individual that signs this section should be the one that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name; print their name and title and date of certification. Please note the certification authorizes the Department to publish a copy of the completed application on the Department’s website.

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| Instructions For Completing Training Schedules A, B & C |

**Overview:** Grantees must complete the Excel version of Schedules A, B and C as provided along with the application. **No other alternative formats or outlines will be accepted**. Completion of the schedules will allow grant staff to determine whether participants have a training plan in place that will: 1) train the requisite number of employees and 2) show associated costs will be sufficient to cover grant expenditures and company match requirements. Please remember the grant program requires a dollar for dollar match and pays just 50% of overall eligible training costs, not to exceed eligible grant amount. All documented training and associated expenses are eligible to be included from the beginning of the Grant Term through the end of the Grant Term. Information from the schedules will be used to develop the Grant Agreement.

**Schedule A:** Provides an outline of the proposed training activities by categories and a quarterly timeline for delivery of training through the grant term. Schedule A must provide the name and brief description of each training course/activity and the total number of eligible employees estimated to participate in each training course/activity by quarter. The description must be completed and provide sufficient information for grant staff to determine eligibility. Grant staff reserves the right to determine course/activity eligibility and may deny those deemed ineligible under program rules or insufficient description. Please refer to page five (5) of the grant application to review ineligible training activities. All employee participants included in this application must work at the facility(s) and location as outlined previously in Section 8 of this application.

**Schedule B:** Takes the information provided in Schedule A and inputs the costs associated with the actual delivery of training to help develop a line item budget. To begin completion of Schedule B, copy and paste the course names from Schedule A onto the appropriate section and categories sheets for Schedule B. For each course/activity listed, take the total number of estimated trainees for each course/activity from schedule A and further break them out into either a “New” or “Existing” employee on Schedule B. You will then need to determine and enter an average hourly wage for all course trainees as well as the total hours they will be participating in the training. Make sure you are showing the requisite minimum threshold number of new and existing trainees as stated in Section 8 of the **grant** application.

You will then need to provide the cost for delivery of training and indicate whether it will be internal training (current employee(s) delivers and/or oversees training) or external (delivered by an outside company or individual).

For internal training, you will need to indicate the trainers(s) wages and total hours they will deliver training. Please remember the internal training hours of an internal trainer should be divisible of the employee trainee hours. Example: A trainer delivers 4 hours of training to 5 employees per day (25 total employees) for one week. Trainee hours will equal 4 and Trainer hours will equal 20.

For external training, you will need to provide an estimated invoice cost for the delivery of training. Please remember the grant program does not cover the costs of course development/preparation, transportation/travel or meals. Those costs should be deducted from external trainer expenses.

Each training category will then provide a line item expense total for trainee wages, internal trainer wages, and external trainer costs.

**Schedule C:**  The line item totals from Schedule B are then transferred to Schedule C. Employee fringe benefits are then calculated at a predetermined eligible rate of 10.4 % and added to the Trainee and Trainer totals. Cost for direct training materials may also be calculated and added to Schedule C, if applicable, and accompanied by invoice, receipt or cost estimate (RFP). All line item totals are then divided into company cost share which must be a minimum of 50% of total costs, and grant cost share at least 50% of total costs, not to exceed total eligible grant amount.