



CUSTOMIZED TRAINING FUNDING APPLICATION

PART 1: BUSINESS INFORMATION

Business Name: _____
FEIN Number: _____
Address: _____
Number of Employees: _____

Contact Name: _____
Title: _____
Phone Number: _____
Email: _____

Sector:

- | | |
|---|--|
| <input type="checkbox"/> Private/For-Profit | <input type="checkbox"/> Large Non-Profit (e.g. hospitals or universities) |
| <input type="checkbox"/> Public/Government | |
| <input type="checkbox"/> Non-Profit | |

Industry:

- | | |
|---|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Healthcare and Social Assistance |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Leisure and Hospitality |
| <input type="checkbox"/> Trade, Transportation, and Utilities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Professional and Business Services | |

Brief description of company products(s)/services:

Training Timetable

Outline the proposed schedule for training implementation, including training start and end dates.

PART 2: PROPOSED TRAINING PROJECT INFORMATION

Training Needs

Please indicate the need(s) for which you are requesting funding for training (select all that apply):

- Introduction of new technologies
- Introduction to new production and services procedures
- Upgrading to new jobs that require additional skills
- Workplace literacy
- Other: _____

Please indicate the method(s) of CT (select all that apply):

- Classroom training through a tradition classroom setting with a qualified instructor
- Laboratory training with hands-on instruction or skill acquisition under direct guidance of a qualified trainer
- Electronic or computer-based training delivered through a computer program at a pace set by the trainee or through video conference with live, interactive instruction with a trainer
- Other training that is customer to the employers' specific training needs

Proposed Outcomes of Training Project

Number of employees to be trained: _____

Number of new jobs created: _____

Number of jobs retained: _____

For each training program that will delivered to the employee, please complete the following questions:

1) How is the training necessary to gain or retain employment at your organization?

2) What will be the method of training (e.g. classroom, online)?¹

¹For classroom training, please provide a time-framed curriculum for each occupation for which training is provided. Also indicate if the employer will provide the training directly or through a third party. If the third party is an institution of higher education, please specify if the institution is included on the New York State Eligible Training Providers List (ETPL).

3) How will the training be different from any other training your organization currently or has offered?

4) What skills will be obtained in the training?

5) Are there any credentials/certifications to be obtained after completion of the training?

6) What is the anticipated outcome for employees receiving the training (e.g. increased wages, job upgrades, etc.)?

7) In addition to the above information, describe how this training will have a measurable positive effect on your business. Include quantitative data if available (e.g. percent increase to wages, percent of new business generated).

PART 3: PROPOSED TRAINING PROJECT BUDGET INFORMATION

A) Training Activities, Timeframes, and Cost: if the training project includes more than one course/activity, please list each course/activity separately.

Title of Training Activity/Course	Provider/Instructor and FEIN	Total Hours of Training	Number of Employees to receive this training	Total Cost

Subtotal Training Activities: _____

B) Employee Eligibility and Wages: List the employees you anticipate will receive training under this grant

Last Name	First Name	Title	Current Wage	Total Hours of Training	Total Wages During Training

Subtotal Wages: _____

C) Non-Personal Training Costs (e.g. books, exam fees, uniform, supplies etc.)

Item (specify)	Cost Per Item	Total Cost

Subtotal Non-Personal Services: _____

D) Funds Received from Other Sources (*Attach documentation itemizing source/amount)

Source	Funding Amount

Subtotal Other Funds: _____

PART 4: SIGNATURE OF AUTHORIZED REPRESENTATIVE

The undersigned affirm that, to the best of my/our knowledge, information, and belief, all statements in this application, including all schedules, appendices, and additional information submitted in connection herewith, are true and accurate. I/we do affirm that I/we will adhere to the non-discrimination and affirmative action policies and requirements of the State of New York.

I/we understand Workforce Innovation and Opportunity Act grant funds will be used for direct training costs only and must have a match from our Business of not less than 50% of the project cost for eligible participants.

Name (Print)

Title

Signature

Date

Labor Union Information

If applicable, enter labor union information and attach their Letter of Support

Name of Union: _____
Contact: _____

Local #: _____
Title: _____

Office Use Only

- E. Total of Training Specific Costs (A+C): _____
- F. Total Project Trainee Wages (B): _____
- G. Total Project Cost (E+F): _____
- H. Funds Received from Other Sources (D): _____
- I. Revised Project Cost (G – H): _____
- J. Employer Match (not less than 50% of I): _____
- K: Grant Total (I – J) *cannot exceed E: _____

Application Accepted: Yes ___ No ___