



Customized Employed Worker Training Application

Section 1. Company Information

Company Name: FEIN: Address: City: State: FL ZipCode: Mailing address (if different): City: State: FL ZipCode: Contact Person: Title: Phone: Email: Company Website: EFM username:

Years in Business at this Location/In this region: Legal Structure of Organization: Sole Proprietor Partnership Corporation Non-profit Government Carries Workers' Compensation Insurance? Yes No Current on all State and Federal tax obligations? Yes No Receiving or applying for other public training funds? Yes No Outstanding liens, judgments, or other defaults? Yes No Number of Employees: Full-time Part-time Are employees required to be union members? Yes No If yes, please provide contact information of union and local official:

(A request for training on letterhead indicating the need of the individuals receiving training--to obtain or retain employment--and benefits of the training for the employer should be attached.)

Primary NAICS code(s): Description of your business, product(s), and/or service(s):

Minority ownership (check all that apply): Native-American Asian-American Hispanic-American African-American Woman Other Company is located in: HUB-Zone Enterprise Zone Rural Area

Section 2. Training Information

O*Net code(s) and occupation title: (Info purposes only: CEWT occupations do not have to be on TOL) Is occupation on Targeted Occupations List? Yes No Description of CEWT position(s) (may also attach detailed job description(s)): Pre-Training Wage: Wage at Completion of Training: Training Provider: FEIN: Public Institution Private Institution Company Employee Private Trainer Training Provider Address: Proposed Training Dates: To Training Location: On-site Training Provider Other

(A training outline/description should be attached to this application.)

705 E. Base Street | Madison, FL 32340 careersourcenorthflorida.com p: 866.367.4758

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Section 3. Estimated Training Program Costs

The costs listed below are ESTIMATES and in no way constitute CareerSource North Florida's contribution to this grant. However, the amounts shown below should be reasonable estimates.

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Training funds must be spent on direct instruction costs. Excluded items include but are not limited to training, equipment, travel, food, lodging, trainee wages and benefits. Please take this into account when developing your budget and timeline.

A. Budget Category	B. Employer Contribution	C. CSNF Contribution	D. Total B+C=D
1. Reimbursement Request: Instructor Wages/Tuition, Curriculum Development, Materials/Supplies and Textbooks			
2. Other Costs (describe)			
3. Travel, Food, Lodging		Grant Cannot Fund	
4. Trainee Wages (including Benefits)		Grant Cannot Fund	
5. Totals			
Percentage of training costs			per trainee

Section 4. Anticipated Outcomes

Please check the boxes that apply to the anticipated outcomes of the proposed training project.

<input type="checkbox"/>	Will assist with the retention of ___ employees leading to a self-sufficient rate	<input type="checkbox"/>	Will create _____ openings in entry-level positions
<input type="checkbox"/>	Will improve the long-term wage levels of trainees	<input type="checkbox"/>	Will improve the short-term wage levels of trainees
<input type="checkbox"/>	Will lower employee turnover in our company	<input type="checkbox"/>	Would help prevent company from having to relocate Operations
<input type="checkbox"/>	Will create _____ new jobs in our company	<input type="checkbox"/>	Critical to the long-term viability of our company
<input type="checkbox"/>	Critical short-term viability of our company	<input type="checkbox"/>	Will make this location more competitive within the company
<input type="checkbox"/>	Will assist in the training of veterans	<input type="checkbox"/>	Will assist in the training of minorities
<input type="checkbox"/>	Will assist in the training of the disabled	<input type="checkbox"/>	Will assist welfare to work participants
<input type="checkbox"/>	Will increase the profitability of our company	<input type="checkbox"/>	Important to the stated mission of our company
<input type="checkbox"/>	Will assist in the improvement of international trade opportunities	<input type="checkbox"/>	Will be an important component of our company's overall workforce employee development efforts

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

As an authorized representative of the organization 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.

Employer

Employer Services Representative

Printed Name

Printed Name

Signature

Signature

Date

Date

Approval--Comments

Diane Head, ESR Director

Date

