



Customized Training Program Application

| SECTION 1: Company Information | | | |
|---|--|--|--|
| Company Name: | | | |
| Street/Mailing Address: | | | |
| City: | ZIP: | County(ies) where business is located: | |
| Company Contact Person: | | | Title: |
| Phone: | Ext.: | Fax: | |
| Email Address: | Website Address: | | |
| | | | |
| Date of Inception: | Years in Business: | Total # Full-time Employees at this location: | |
| Legal Structure of Business: | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Corporation |
| | <input type="checkbox"/> Non-profit | | |
| Employer's Federal ID #: | | Unemployment Comp ID #: | |
| Florida Sales Tax Reg. #: | | Primary NAICS (SIC) Code: | |
| Is your company current on all State of Florida and federal tax obligations? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please estimate the total amount your company will spend on training in 2021/2022. | | | |
| Is your company receiving/applying for other public training funds? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes explain: | | | |
| Do you (if sole proprietorship) or your company have any outstanding liens, judgments or other defaults with any agency in the State of Florida? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes explain: | | | |
| | | | |
| Description of your business, product(s) and/or service(s): | | | |
| | | | |
| Amount of Funds Requested: | | Number of FT Employees to be Trained: | |
| Training Starts (no earlier than 07/01/22): | | Training Ends (no later than 6/30/23): | |
| | | | |
| If company is minority owned. Please check appropriate box(es) below. | | | |
| <input type="checkbox"/> Native/American owned | | <input type="checkbox"/> African/American owned | |
| <input type="checkbox"/> Asian/American owned | | <input type="checkbox"/> Women-owned | |
| <input type="checkbox"/> Hispanic/American owned | | <input type="checkbox"/> Other minority owned (specify): | |
| | | | |
| Our company is located in a: | | | |
| <input type="checkbox"/> Distressed inner-city area | <input type="checkbox"/> HUB Zone | <input type="checkbox"/> Rural area | |

SECTION 4: Training Program Budget

Please use this as a guide. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs incurred before the funds are approved. Please take this into account when developing your budget and timeline.

| -A- BUDGET CATEGORY | -B- CT ASSISTANCE REQUESTED | -C- * EMPLOYER CONTRIBUTION | -D- TOTAL (B + C) |
|---|-----------------------------------|-----------------------------------|-------------------------|
| 1. Instructor Wages/Tuition <i>(This information should reconcile with Section 3. Training Project Description)</i> <i>Example:</i> 1) Injection Molding \$500 X (5) = \$2500 2) New Visions \$25/hr X 24 hours = \$600 SUB TOTAL = \$3,100 | | | |
| 2. Curriculum Development | | | |
| 3. Materials/Supplies Textbooks (itemize) <i>Example: Ten (10) New Vision Manuals @ \$30 each = \$300</i> | | | |
| 4. Training Equipment Purchase (must be employer contribution) | <i>Cannot utilize CT funds</i> | | |
| 5. Other Costs (describe) a) b) | | | |
| 6. Facility Usage (if training takes place at company site) | <i>Cannot utilize CT funds</i> | | |
| 7. Travel, Food, Lodging | <i>Cannot utilize CT funds</i> | | |
| 8. Trainee Wages (including benefits) | <i>Cannot utilize CT funds</i> | | |
| 9. Sub Total | | | |
| 10. Indirect Costs | <i>Cannot utilize CT funds</i> | | |
| 11. TOTALS | | | |

| | |
|--|---|
| CSH Cost Per Trainee (Line 11 Column B divided by Number of Trainees) = | Employer Contribution Ratio (Line 11 Column C divided by Line 11 Column B) = |
| 25% of Total Training Costs (Line 11 Column D times .25) = | |

***NOTE:** Businesses will be required to provide a minimum of 50% of the requested direct training costs, i.e. instructors' wages, curriculum development and materials & supplies. Other examples of employer contribution include, but are not limited to, expenses associated with additional instruction/tuition; curriculum development and materials/supplies; the use of space and equipment during the training project (please show calculation used to assign a value); and trainee wages (including benefits) of employees during training.

SECTION 5: Anticipated Outcomes of the Training Project

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

| | |
|---|--|
| <input type="checkbox"/> Will save jobs within our company | <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 create new jobs within our company | <input type="checkbox"/> Would help prevent company from having to relocate operations |
| <input type="checkbox"/> Will lower employee turnover in our company | <input type="checkbox"/> Critical to the long-term viability of our company |
| <input type="checkbox"/> Critical to the short-term viability of our company | <input type="checkbox"/> Will make this location more competitive within 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 be an important component of our company's overall workforce employee development efforts | |
| <input type="checkbox"/> Will assist in the improvement of international trade opportunities | |

SECTION 6: Certification by Authorized Company Representative

Employer Agrees and Certifies:

- a. That the training position(s) created under this application are neither displacing, causing a reduction in hours, nor infringing on promotional opportunities of current employees; and/or have not been created as a result of any employee being terminated or laid off from the same or substantially equivalent job, or otherwise displaced;
- b. this company has operated in Local Workforce Development Area (LWDA) 19 for at least one (1) year prior to application, or, if less than one (1) year and the business relocated from another area in the U.S. or its territories, and individual(s), employees were not laid off at the previous location as a result of the relocation;
- c. to assure equal opportunity in all services provided without regard to race, color, religion, sex, national origin, marital status, age, political affiliation or belief, and disability; including compliance with non-discrimination and equal opportunity provisions of WIOA;
- d. to assure that training funds will not be used to assist, promote or deter union organizing;
- e. the trainee(s) cannot be trained or employed to carry out the construction, operation or maintenance of any part of a facility that is used or to be used for sectarian instruction or as a place for religious worship; and
- f. training either has the concurrence of the appropriate labor organization as to the design and conduct of the training, or there is no collective bargaining agreement with a labor organization that covers the training position.

Once approved, the information presented in this Application becomes final when combined with the formal Contract signed by both CareerSource Heartland President/CEO and the Employer.

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

As an authorized representative of the company identified herein, 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: |

PLEASE ALLOW AT LEAST 15 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED.

Return original application to: CareerSource Heartland, Chief Programs Officer
5901 US 27 S, Suite 1 – Sebring, Florida 33870-2117

For CareerSource Heartland Use Only

| CSH Business Services Checklist | Yes | No |
|---|--------------------------|--------------------------|
| ONET code is on Targeted Occupations List or meets Customized Training requirements | <input type="checkbox"/> | <input type="checkbox"/> |
| Wage rate meets LWDA 19 requirements (DOL and/or LWDA 19 adjusted LLSIL) | <input type="checkbox"/> | <input type="checkbox"/> |
| Training time is within Specific Vocational Prep range | <input type="checkbox"/> | <input type="checkbox"/> |
| Business meets requirements of local procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Liens or judgments? | <input type="checkbox"/> | <input type="checkbox"/> |
| Costs associated with training are reasonable | <input type="checkbox"/> | <input type="checkbox"/> |
| Costs associated with training are necessary | <input type="checkbox"/> | <input type="checkbox"/> |
| Costs associated with training are usual and customary | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |

Application: Recommended Not Recommended Date _____

 CareerSource Heartland Business Representative Name/Signature