



Employed Worker Training (EWT) Program Application– PY 11/12

SECTION 1 Employer Information

Company Name:			
Street Address:			
City:	Zip:	County:	
Company Contact Person:		Title:	
Phone:	Ext.:	Fax:	
Email Address:		Website Address:	
Years in Business:		Total Number of Full-time Employees:	
Employer's Federal ID #:		Sarasota/Manatee County Occupational Lic. #	
Unemployment Comp ID #:		Standard Industry Classification (SIC) Code:	
Description of your business, product(s) and/or service(s):			
Type of Business:	<input type="checkbox"/> Private For-Profit	<input type="checkbox"/> Private Non-Profit	<input type="checkbox"/> Public
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Does your organization have any affiliation with the Suncoast Workforce (e.g. member of Board of Directors or subcommittee, employee's family member is a Suncoast Workforce employee, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Does the company have ongoing training programs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the company have an established training budget?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the company women/minority owned?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the company located in an enterprise zone or redevelopment area?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have there been any layoffs or furloughs in the past 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any projected layoffs or furloughs in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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"/> IWT (Incumbent Worker Training)	<input type="checkbox"/> Vocational Rehabilitation	
	<input type="checkbox"/> CareerEdge	<input type="checkbox"/> Other	



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SECTION 2 Training Project Information

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:		Zip: County:
Phone:		Ext. Fax:
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 the Suncoast Workforce (e.g. member of Board of Directors or subcommittee, employee's family member is a Suncoast Workforce employee, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Training Title:		
Start Date (30 days from application date):		End Date (no later than 5/31/12):
Number of trainees:		Number of Training Hours :
Total Cost of Training:		Cost of Training per Trainee:
Does your company have adequate resources to support 50% of the total cost of this training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide a narrative description of the training to be provided:		
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.***

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 Suncoast Workforce 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 Suncoast Workforce 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>			



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SECTION 4 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.

Have you reviewed Suncoast Workforce’s Employed Worker Training Employer Agreement (attached) and are you willing to sign?

Yes No

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:

Submit via email to: agagliano@suncoastworkforce.org

OR mail to:

**Suncoast Workforce
Employed Worker Training Program
Attention: Anthony Gagliano
3660 N. Washington Blvd.
Sarasota, FL 34234**



SUNCOAST WORKFORCE
EMPLOYED WORKER TRAINING
EMPLOYER AGREEMENT

Member: Employ Florida

To be Completed by Employer

Employer name: _____

Address: _____

City State Zip Code Phone Number Fax Number

Employer contribution: _____

Suncoast Workforce contribution: _____

Type of training requested: _____

of employees participating in training: _____

Beginning date of training: _____ End date of training: _____

Does your organization have any affiliation with the Suncoast Workforce (e.g. member of Board of Directors or subcommittee, employee's family member is a Suncoast Workforce employee, etc) and if so, please explain: _____

As the company representative, I agree to allow my designated number of employees (names attached) to receive specific training as authorized by our company. These employees require training to retain employment that allows for self-sufficiency. All training(s) must be completed in 90 days or less. I agree to retain in employment those individuals that successfully complete the training program provided each employee continues to meet the company's performance standards.

I understand that each employee will be required to complete an intake by Suncoast Workforce staff, and I agree to coordinate this process and will submit documentation, including copies of the employees' Employment Eligibility Verification (form I-9) with supporting eligibility documentation, the Employer Assessment of Training Candidate form and any other required eligibility documentation (Military Service, Selective Service Verification, etc.) two (2) business days prior to intake. Training funding is contingent upon verification of employees' eligibility in WIA and as such is subject to change. Intakes must be completed by the Suncoast Workforce staff within a minimum of two (2) business days prior to training. I understand that follow-up information on the employment status (job title and salary) of participating employees is required and agree to provide this information quarterly for one year post training.

Authorized Company Representative Signature Print Name Date

Chief Operating Officer Signature Print Name Date

Suncoast Workforce President/CEO Signature Print Name Date

An equal opportunity employer/program Auxiliary aids and services are available upon request to individuals with disabilities. TTY: dial 711.



**SUNCOAST WORKFORCE
EMPLOYED WORKER TRAINING
PROGRAM BUDGET**

Member: Employ Florida

Employer: _____

Training Vendor: _____

Type of Training: _____

Training Start date: _____ Training End Date: _____

Employer will provide a minimum of 50% match for each dollar received through the EWT Program. Employer's match may include employee wages while they are in the training and other costs incurred in providing the training. Match may not consist of other federal grant funds. Use the following table to detail the expenses associated with the above training that will be dedicated to the match.

A. BUDGET CATEGORY	B. EWT ASSISTANCE REQUESTED	C. EMPLOYER CONTRIBUTION	D. TOTAL (B + C)
Itemized Training Costs			
Training Vendor Costs <i>(Inclusive of books, tuition, fees, etc.)</i>			
Trainee Wages <i>(limited to time actually spent in training)</i>	<i>Cannot fund with EWT grant</i>		
Purchase of Capital Equipment <i>(Must be employer contribution)</i>	<i>Cannot fund with EWT grant</i>		
Lease or Rental of Equipment <i>(Allowed only during training)</i>			
Travel, Food, Lodging	<i>Cannot fund with EWT grant</i>		
Other Costs <i>(describe, these will be subject to allowability under the federal guidelines)</i>			
TOTALS			

The budget accurately depicts the items associated with the costs of the customized training program.

Company Representative Signature

Printed Name

Date



SUNCOAST WORKFORCE
EMPLOYED WORKER TRAINING
EMPLOYER ASSESSMENT

Member: Employ Florida

Employer name: _____

Employee name: _____

Social Security Number: _____ - _____ - _____

Hire date: _____ (Must be at least 90 days prior to start of training)

Hourly rate of pay: \$_____ Number of hours worked per week: _____

Current job title: _____

Training requested: _____

Employee Suitability Assessment:

- 1. Job attendance: Satisfactory [] Unsatisfactory []
2. Job performance: Satisfactory [] Unsatisfactory []
3. Work record does [] OR does not [] indicate that this individual will successfully complete training in order to become a more valuable employee.
4. [] Training is being requested in order to assist individual in retaining employment. Employer agrees to retain all employees that successfully complete training with the provisions that each employee continues to meet the company's performance requirements.
5. Are benefits offered? Yes [] No []
6. Is job covered by Unemployment Compensation? Yes [] No []
7. Employee will receive a raise for completing training? Yes [] No [] If so, new salary per hour \$_____
8. Employee will receive a promotion for completing training? Yes [] No [] If so, new job title? _____

Authorized Company Representative Signature _____ Print Name _____ Date _____

PRIVACY ACT STATEMENT: Pursuant to Chapter 119, Florida Statute Section 119.071 (5) (2): disclosure of your Social Security number is mandatory. Social Security numbers will be used by the Suncoast Workforce for assessing, reporting program performance and for accountability to the State and the Federal Government.

Suncoast Workforce office use only:

(Hourly rate \$_____ x # of Hours per Week _____ x 26 weeks = _____ = (6 months income) x 2= _____ (annual income)