



JOB TRAINING GRANT APPLICATION INFORMATION

The Nebraska Department of Economic Development encourages businesses that are interested in applying for grant funds to work with their local community college in application preparation and development of their training plan.

Grant Application and Approval Process

The granting process is as follows:

1. Call the DED Training Coordinator to determine funding availability (402-471-1559 or 800-426-6505)
2. Complete and file the application form with DED
3. Send notification letter to local Community College President
4. Internal review of application by three-person review team
5. Decision (and notification) regarding participation/non-participation by the state in the training project, including the amount per trainee, within two weeks of receiving a completed application with all required information
6. Meeting with business to review contents of the grant agreement

Post-Selection Performance Requirements

1. **Contract:** The contract will contain the following sections:
 - Business' training obligations for the project
 - State funding approved and requirements for use of those funds
 - Time of Performance for the training
 - Reimbursement schedule
 - Commitment by the business to create/retain/upgrade the number of new jobs agreed upon, and maintain those positions for 24 months following the training period
 - Business reporting requirements
 - Any special terms and conditions to the project established by DED
 - Accounting, auditing, conflict of interest, political activity, and civil rights requirements
 - Non-compliance definitions and penalties
 - DED monitoring provision
 - Penalties for non-performance
2. **Performance Requirements:** DED will review progress on the training project as needed, with at least one monitoring visit prior to final grant reimbursement. A mid-point report and a final report on the project will be required by the business on forms provided by DED. The review will assure the following:
 - a. positions which job training funds were granted still exist
 - b. positions to be trained are all filled
 - c. employees are receiving the wages and benefits agreed to in the contract

On the following pages is the Nebraska Advantage Job Training application. This is a fillable word document that to complete and print, or you may use it as a template to create your own document. If you use it as a template, please fill in items one and two and print and submit the entire document along with your application. Application will need to be signed and dated.

If you have any questions, please contact Rose Baker via e-mail at rose.baker@nebraska.gov or by phone at 402-471-1559.



JOB TRAINING GRANT APPLICATION FORM

Date of Application: _____

1. Business Name: _____

Address: _____

City/State/Zip: _____

Contact Person (first and last name): _____

Telephone Number: _____

Email Address: _____

Federal ID #: _____

Location(s) of the project: _____

2. Principal product(s) manufactured or service(s) provided by your business at the facility for which training assistance is being requested:

3. Reason for requesting customized job training.

4. Percent of products or services that are sold from this site to purchasers outside Nebraska: _____

5. Purpose of the training grant request:

Training for existing employees

Training for new start-up employees

6. **Attach** a description of the capital investments/expenditures related to this training project, such as the purchase of new or upgraded equipment or technology, expansion of physical plant, new product lines or services, etc. Include a description of the investments and the costs involved. (reference question 5)

7. Number of existing employees at this project site on date of application:

_____ Full time _____ Part time

8. Total number of full-time jobs to be trained due to this project:
 _____ New full-time jobs to be created
 _____ Full-time jobs to be upgraded

9. **Attach:**

- A description of the training to be provided for each new position
- The time involved for each
- Who will conduct the training
- Where the training will occur, and the associated costs.
- (Reference question 8)

10. Approximate starting and ending dates for this training:
 _____ Starting date _____ Ending date

11. **Attach** a separate sheet with the following information (reference question 10).

JOB TITLE	JOB DESCRIPTION	NEW FULL TIME HIRES BEING TRAINED	EXISTING FULL TIME POSITIONS BEING TRAINED	HOURLY STARTING WAGE	EXPECTED WAGE AFTER TRAINING

12. **Attach** a description of the fringe benefits paid for by the company including health insurance, life insurance, retirement plan, dental insurance, tuition insurance and/or any other. Also, as a summary, show the percent of the cost paid by the business for each of the following (from 0% to 100% for each):

_____ Health insurance _____ Dental insurance
 _____ Retirement plan _____ Tuition assistance
 _____ Life insurance

13. The total of the above benefits that are paid for by the business represent what percent of the hourly wage per employee to be trained: _____

14. Check any of the following that your business provides to employees (check only those that apply):

- Vacation leave
- Sick leave
- Holiday leave
- Funeral leave
- Military leave

15. **Attach** additional information about the project, include the following:

- A. how long the business has been in operation
- the business-related reason, noted above in #5, for which training funds are being requested
- B. other assistance being provided to this project by the community, state or federal sources, including dollar amount and description of each

CERTIFYING OFFICIAL:

To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of local or other resources. The governing body of the applicant has duly authorized this application. This applicant will comply with all state requirements.

Signature in blue ink: _____

Typed Name and Title: _____ Date Signed: _____

Send completed Application form to:

Rose Baker, Customized Job Training Coordinator
NE Department of Economic Development
301 Centennial Mall South
P.O. Box 94666
Lincoln, Nebraska 68509-4666
Email: rose.baker@nebraska.gov