

Section A: GRANT APPLICATION

The Job Training Fund application can be filled out and saved on your desktop, and you'll notice that some fields will auto-complete. If you need more copies of the Training Summary or Proposed Training pages, there are links to additional pages on the Job Training Fund website.

Email your complete application and attachments as a single PDF document to: Michael.Power@dred.nh.gov
or mail or hand-deliver one complete application and attachments to: Office of Workforce Opportunity - DRED

Attn: Job Training Fund
172 Pembroke Road
Concord, NH 03301-5791

Company Name

Address 1

Address 2

City

State

Zip

Company Contact

Title

Contact Email

Contact Phone

Chief Executive Name

Title of Chief Executive

Company Website

FEIN / Tax ID

Select the sector that best describes your business:

If Other, please describe:

What is the total number of employees in the NH facility?

How many individual employees are to receive training?

Briefly describe the Company products and/or services

Has the Company been awarded a Job Training Fund Grant in the past? Yes No

 If yes, has the Company completed a Final Evaluation? Yes No

Has any training been provided in the past two years? Yes No

 If yes, how many employees were trained?

If training was provided, list the training vendors used:

If training was provided, list the training courses offered:

Annual Gross Revenue for the past two Fiscal Years:

Fiscal Year 2015-2016

FISCAL Year 2014-2015

What is your training budget for this fiscal year?

Has the business laid off employees in the last twelve months?

If yes, in what departments did the employees work?

If yes, does the Company plan to re-hire the laid-off employees? Yes No

If yes, how many employees have been re-hired to date (if any)?

Please certify the following by checking the boxes:

The applicant business is physically located or intends to be physically located in New Hampshire and pays the NH unemployment tax on wages of employees.

Companies intending to locate in NH have attached a Purchase and Sales Agreement or Deed for Real Estate and a current Certificate of Good Standing from the NH Secretary of State.

The Applicant verifies that all employees receiving training funded by the Job Training Fund are residents of or employed in New Hampshire.

The Company has I-9 citizenship documentation on file for all employees.

The Applicant verifies that it is in compliance with all applicable Federal, State or Local laws and regulations and agrees to abide by all anti-discrimination laws.

The Applicant certifies it is in compliance with the rules and regulations of the NH Department of Labor, New Hampshire Employment Security, Department of Environmental Services and Department of Revenue Administration.

The Company/Applicant certifies that all reports due on any previously funded training program have been completed and submitted.

The Applicant agrees to submit a final evaluation of the training before final reimbursement is approved. Evaluation forms shall be provided by the Job Training Fund.

The Applicant agrees to submit an original of the application by the specified deadline, including a current Certificate of Good Standing from the NH Secretary of State, written training quotes from Training Vendors and a signed waiver from the Community College (if necessary).

Company Principal Signature:

The undersigned company principal certifies by his/her signature that all of the above certifications and verifications are valid; and that the company understands and verifies that a company representative must attend the Job Training Fund Grant Review Committee; and that all training evaluation reports on previously funded programs have been completed and submitted.

Name of Company Chief Executive or Designee

Title of Company Chief Executive or Designee

Signature

Date

Section B: TRAINING SUMMARY

Provide summary information below for each proposed training course. Download additional copies of this form as needed for your application from the Job Training Fund website. A Proposed Training form and written quote from the Training Vendor(s) must be submitted for **each** course - and in the order - listed below.

List the training courses your company wishes to offer in order of priority.

Total number of unique employees to be trained:

1. Training vendor name:
 Training program:
 Grant share: \$ _____ Company share: \$ _____

2. Training vendor name:
 Training program:
 Grant share: \$ _____ Company share: \$ _____

3. Training vendor name:
 Training program:
 Grant share: \$ _____ Company share: \$ _____

4. Training vendor name:
 Training program:
 Grant share: \$ _____ Company share: \$ _____

5. Training vendor name:
 Training program:
 Grant share: \$ _____ Company share: \$ _____

6. Training vendor name:
 Training program:
 Grant share: \$ _____ Company share: \$ _____

Total Grant Share:

Total Company Share:

Complete a Proposed Training form for **each** training course, and include an itemized quote from the training vendor. List only **one** course on this worksheet; download additional copies of this form as needed from the Job Training Fund website.

The Job Training Fund law requires that costs be itemized and that funds not supplant Company training funds.

Training Vendor Information

Training Vendor Name

Street Address 1

Street Address 2

City

State

Zip

Phone Number

Website

Training Course / Type of Training

Training Course Title

Describe how this training program will train employees to implement new skills and/or technologies that will benefit them, the Company, and the economic development of New Hampshire.

What certifications, credentials, or credit will the employees earn?

Please provide the salary range for each classification of employee attending this training (Production Line, Supervisor, Management, etc.), and describe how this training will create opportunities for advancement for the employees involved.

Desired Training Start Date

Training End Date

Itemized Breakdown of Training Costs

Part 1: Enter the amount of the Grant you are requesting from the Job Training Fund for this course, and the amount of your Company's Share. The **Total Cost of Training** for this course will automatically calculate, and should equal the cost on your Vendor's quote.

Part 2: Break down the costs of training as described on the Vendor's quote. The **Itemization Total** calculated at the bottom must equal the **Total Cost of Training**. Keep in mind that certain costs (food, travel expenses, employee wages, and program development fees greater than 20%) will not be funded.

Part 1

Grant Requested: \$

+

=

Total Cost of Training:

Company's Share: \$

Part 2

Grant Requested
*This is the breakdown of Job
Training Funds you are
seeking.*

Company Share
*This is the breakdown of
your company's share of
costs.*

Instructor/Course Fee

Books/Certification Fee *

Classroom Supplies*

Equipment Rental*

Facility Rental *

Other*

Itemization Total:

How many Employees will attend this training?

Cost of Training per Employee:

* Describe all costs other than the Instructor Fees listed above.

Insert the Vendor's quote after this page. Download additional copies of this form for more courses.

APPLICATION OF

DATE SUBMITTED

Each Job Training Fund grant review committee member will score each application using the following criteria:

- (A) All members of the grant review committee in attendance shall score an application.
- (B) Grant review committee members shall determine a score for each of the following factors of the application after considering if it is consistent with the purpose of the program as provided by:

Res 2701.01: Purpose of the Job Training Program.

The job training program (JTP) was established to provide job training which is designed to attract new business, assist in the expansion of business, and retain existing business in the state of New Hampshire.

- (1) Enhance the state’s economic growth and vitality by offering assistance to privately owned businesses that have a need to provide training to develop a new workforce or retraining existing employees to implement new technologies, in creating new jobs, and for upgrading existing jobs;
- (2) Provide technical education and training as a component of the state’s economic development efforts; and
- (3) Be flexible and responsive to the training requirements of business in New Hampshire.

Grant review committee members shall determine a score for each of the following factors of the application after considering if it is consistent with the purpose of the program as provided by Res 2701.01: An application shall receive a minimum average score of 15 points. The grant review committee shall make a recommendation to the commissioner to approve the application. Failure of an application to receive a minimum average score of 15 points shall be cause to deny the application. The JTP administrator shall notify unsuccessful applicants in writing as to the reason(s) for denial by the grant review committee.

The following scale shall apply to each scoring category:

Unacceptable items: 0 points | Poor items: 2 points | Satisfactory items: 3 points
Above average items: 4 points | Excellent items: 5 points

	SCORE
Transferable job skills the training provides.	
Assessment process used to determine training needs.	
Level of industry-recognized certifications or credentials or both which the training provides.	
Evaluation method to be used to determine the training’s effectiveness.	
Economic or tax base impact.	
Notes/Comments:	TOTAL SCORE

GRANT REVIEW COMMITTEE MEMBER (PRINT AND SIGNATURE)