

RochesterWorks!
CUSTOMIZED TRAINING PROJECT APPLICATION

Name: _____

Address: _____

Type of Organization: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ S Corp _____ Other

Industry Type: _____ Fed. ID Number: _____ Total Employees in Monroe Co. _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

1. a. Total amount of funds requested: \$ _____
b. Total company match (must equal or exceed funds requested): \$ _____
c.. Total number of trainees: _____

- a. Funds requested can include cost of classroom instruction (i.e., tuition or course fees), customized coursework or in-house training. The wages of employees participating in training, out-of-town travel expenses, and material costs are not reimbursable expenses. Requests for funding cannot exceed \$25,000 per rolling calendar year. Requests for funding under \$1,000 will not be entertained.
- b. Applicants must match funds requested. Matching funds can include one or portions of the following direct or indirect costs of training: cost of instruction, wages of employees being trained while in training, training materials, and expenses associated with out-of-town training.
- c. Trainees must earn between \$8.00 and \$25.00 to qualify for funding.

2. Please provide a full description of your business. Have you added or lost jobs in the past twelve months? Do you plan to grow jobs over the next twelve months? What percentage?

3. Describe the assessment of worker skills that was conducted, and the skill deficits that it identified among the target population of trainees. Generally describe the trainees including how they were identified to participate in training, education level, duration of employment, and experience/skills.

4. Describe the training program/activity and how it will result *in in-demand transferable skills* and/or an *industry recognized credential/certification*. How does it relate to the *introduction of new technologies, introduction of new production or service procedures and/or upgrading to new jobs that require additional skills*? Describe the type of training (traditional classroom, in-house, consultant/customized, or e-learning) and why the training is needed. **Attach a copy of course descriptions or program curriculum, along with proof of costs.**

5. Please describe how/why the costs associated with the training are reasonable and necessary.

6. Fully describe proposed outcomes of training. How will it help your business maintain its competitive edge? How will the training help your employees to retain their jobs, improve their employability or promotability, and achieve higher rates of pay after training? How will you track and measure the success of this training program, for both the business and for the trainees? How does your training relate to your strategic plan?

7. As a result of skills upgrading, employees should receive a pay increase after successfully completing this training program. Please describe the anticipated earnings gains for the employee(s) covered under the grant, and an implementation timeline.

8. Proposed budget (Please complete attached spreadsheet.)

Reviewed by: _____
Claudia Burcke, Business Services Manager, RochesterWorks, Inc Date

Approved by: _____
Constance Felder, Deputy Director, RochesterWorks, Inc. Date

Amount Approved: \$_____

Contract Dates: _____ to _____

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