



EMPLOYER TRAINING INVESTMENT PROGRAM

PURPOSE

The Illinois Employer Training Investment Program (ETIP), administered through the Department of Commerce and Economic Opportunity provides training grants to businesses operating or locating in Illinois in conjunction with planned permanent expansion, location or retention activities; and to multi-company training projects sponsored by business or industry associations, institutions of secondary and higher education, strategic business partnerships, large manufacturers for supplier network companies, and labor organizations. The purpose of the Program is to enhance employment opportunities for Illinois citizens by assisting Illinois employers in the training of their workforce, to assist multi-company training projects in addressing common employee training needs identified by participating companies, and to facilitate self-employment by encouragement and preparation through comprehensive, instructional programs and services and entrepreneurial education. The program can fund up to fifty percent of a company's overall eligible training activities. Awards made in response to this application will be contingent upon the availability of funds appropriated and released for the purposes authorized by this program.

TERM OF GRANT

July 1, 2010 through June 30, 2011. All training and related expenses that occur during this time period are eligible for reimbursement. Proper documentation of training activities and related cost must be provided.

ELIGIBLE APPLICANTS

Businesses that are located in Illinois may be eligible for up to 50% of approved training costs if they:

- Are expanding the business enterprise in Illinois
- Are expanding into new markets
- Are introducing more efficient technologies/continuous improvement systems into their operations which will result in greater output per employee
- Are training full-time Illinois employees (part-time, temporary or seasonal workers are not eligible)
- Are expanding exports from Illinois
- Are providing additional training to employees who will be threatened with layoff

ELIGIBLE TRAINING ACTIVITIES

- Training programs required to respond to new or changing technologies, processes, product lines, machinery or equipment being introduced in the workplace.
- Training necessary to implement continuous improvement systems in the workplace, including quality certifications.
- Training employees in skills necessary to enable the company to establish/maintain or expand into new export markets.
- Basic and/or remedial training of employees as a prerequisite for other vocational or technical skills training.
- Training related to regulatory compliance issues mandated for the workplace.

INELIGIBLE APPLICANTS

Entities Not Eligible for ETIP Awards:

Units of local, municipal, home rule, county, state or federal government; government agencies; government-operated facilities are not eligible for ETIP training grants.

Ineligible Employees: Employees who are part-time, seasonal, contractual or temporary are not eligible to participate in the ETIP Incentive Program.

INELIGIBLE TRAINING ACTIVITIES

Examples of ineligible training activities include:

- Administration and Compensation Systems
- Recognition Systems
- Credit or degree courses
- Diversity
- Consulting Services including Strategic Planning
- Sales training
- Personal development G.E.D.
- Sales product training
- Human Resource practices
- Interviewing
- Performance appraisals
- Employee discipline/termination
- Non-job related training
- Stand-alone basic and/or remedial training
- Non-skill related assessments

ALLOWABLE COSTS

Grants for employee training will allow for reimbursement or payment on the terms and conditions agreed to between the grantee and the Department through the execution of a Notice of Grant Agreement. The Department may reimburse a grantee for up to a maximum of 50 percent of the total training costs of all approved training programs.

- External vendor/trainer costs
- Individual or one-on-one training may be eligible for reimbursement; however, the applicant must provide sufficient justification that group or classroom based training is unsuitable.
- Internal trainer wages and limited fringe benefits
- Training materials
- Trainee wages and fringes
- Assessments (on a pilot basis)

NON-ALLOWABLE COSTS

- Administrative costs
- Travel
- Meals
- Lodging
- Depreciable equipment
- Consulting cost associated with preparation and documentation of application Conferences and/or seminars (unless technical course certificate of completion or certification can be provided
- Conferences and/or seminars (unless technical course certificate of completion or certification can be provided



GRANT APPLICATION COVER PAGE

Employer Training Investment Program (ETIP) Single Company/Competitive

Type of Applicant: (Please check one)

Small/Mid-Sized Company Component
(Company has less than 250 employees)

Large Company Component
(Company has 250 or more employees)

DCEO Use Only:

Application #: _____

Grant #: _____

SECTION 1: APPLICANT INFORMATION

1.1	Legal Name of Applicant: <i>(Attach copy of W-9)</i>	
1.2	Address of Applicant: <i>(Include your extended 9-digit zip code):</i>	
1.3	Chief Officer: <i>(If more than one, attach a list with all Officers)</i>	Name: Title: Address: Phone: Fax: E-Mail:

SECTION 1: APPLICANT INFORMATION

1.4	Description of Applicant: <i>(200 Character maximum)</i>		
1.5	NAICS Code:	<i>(6-digit Industry Classification Code)</i>	
1.6	Applicant Website:		
1.7	Applicant FEIN:		
1.8	Applicant SSN:	N/A	
1.9	Applicant's DUNS Number:	N/A	
1.10	Applicant Fiscal Year:	From:	To:
1.11	If applicable, indicate the following.	<input type="checkbox"/> Women-Owned <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Not Applicable	
	If minority-owned, then check the appropriate race/ethnic group box.	<input type="checkbox"/> Black / African Americans <input type="checkbox"/> Hispanic Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> Asian-Pacific Americans <input type="checkbox"/> Asian-Indian Americans	
1.12	Indicate the number of people expected to be served by the grant in the appropriate race/ethnic group box below.		
	Race/Ethnic Group	# People Served by Grant	
	Black / African Americans		
	Hispanic Americans		
	Native Americans		
	Asian-Pacific Americans		

	Asian-Indian Americans	
	Other:	

SECTION 2: APPLICANT HISTORY

2.1	Have you received a grant from the State of Illinois within the last 3-years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Provide total number of grants received from the State of Illinois within the last 3 years.	
	If yes, provide the following for each grant received in last 3 years:	
	Agency:	
	Grant #:	
	Grant Amount:	
	Grant Term:	
	Name of Grant Program:	
2.2	If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years.	
	Name	FEIN
2.3	In the past twelve months, have there been any changes in the following key staff? Check all that apply. Provide detail for any boxes checked including names of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant.	
	<input type="checkbox"/> CEO/Executive Director/Chief Elected Official	
	<input type="checkbox"/> CFO/Controller	
	<input type="checkbox"/> Grant Administrator	
	<input type="checkbox"/> Grant Administrative Support Staff (<i>i.e. Reporting, correspondence, document control</i>)	
	<input type="checkbox"/> Bookkeeper/Accountant for Grant	

	<input type="checkbox"/> No Changes	
	Provide detail for any checked boxes.	
2.4	If your proposed budget includes any staff costs for this grant, please indicate the type of documentation that will be maintained and used to allocate staff costs to the DCEO grant.	
	<input type="checkbox"/> Time sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time spent <input type="checkbox"/> Other, please describe: <input type="checkbox"/> None	
2.5	Has the applicant or any principal formed a business that existed for less than two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide name(s) of the business and reason(s) that it existed for less than two years.	
2.6	Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.	
2.7	Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant's knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, provide requested information.	
2.8	Does the applicant or any principal owe any debt to the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list reason and amount:	

SECTION 3: PROPOSAL INFORMATION		
3.1	Submittal Date:	
3.2	Project Title:	ETIP Program – Single Company/Competitive
3.3	Brief Project	(Addressed in Section 4)

SECTION 3: PROPOSAL INFORMATION

	Description: <i>(Complete attached Scope of Work)</i> <i>(550 Character maximum)</i>	
3.4	Project Location:	<p>Street Address</p> <p>City: County:</p>
3.5	Counties Served:	
3.6	Project Contact:	<p>Name:</p> <p>Title:</p> <p>Address: N/A (Addressed in Section 8.7)</p> <p>Phone:</p> <p>Fax:</p> <p>E-Mail:</p>
3.7	Project Period:	<p>Start Date: 7/1/2010 End Date: 6/30/2011</p>
3.8	Project Costs:	(Addressed in Section 7)

SECTION 4: SCOPE OF WORK

Type Company Name Here

Description of project: (In the space provided below, please provide a detailed description of the proposed project, including a description of training courses, dates of training sessions, number of employees to be trained, number of training hours, trainees per session, timetable of training, and if the training will be administered by internal or external trainers. Use additional paper if necessary)

Grantee will complete the following tasks:

DESCRIPTION OF TASKS	ESTIMATED COMPLETION DATE
Task 1. Grantee will be responsible for allocating the grant funds to eligible participating companies to train a requisite number of new and existing employees as indicated in Section 8.19 of this application.	6/30/2011
Task 2. Grantee will be responsible for providing the Department with quarterly reports and required documentation outlining grant expenditures and performance through the completion of grant terms.	6/30/2011

SECTION 5: PERFORMANCE MEASURES

Performance Measure	Target
Number of new employees to be trained	Addressed in Section 8.18
Number of existing employees to be trained	Addressed in Section 8.18

SECTION 6: PROJECTED EMPLOYMENT IMPACT

6.1	Number of permanent full-time individuals currently employed by applicant:	
6.2	Number of permanent part-time individuals currently employed by applicant:	
6.3	Number of permanent full-time jobs that would be created by applicant as a direct result of receiving the grant award:	
6.4	Number of permanent part-time jobs that would be created by applicant as a direct result of receiving the grant award:	N/A
6.5	Number of permanent full-time jobs that would be retained by applicant as a direct result of receiving the grant award:	
6.6	Number of permanent part-time jobs that would be retained by applicant as a direct result of receiving the grant award:	N/A
6.7	Describe any other projected employment impact as a result of receiving the grant award:	

SECTION 7: BUDGET

(Must be same as Schedule C)

Line Item or Cost Category Description	Requested Grant Budget Amount	Proposed Match Budget Amount
Internal Instructor Wages		
Internal Instructor Wages		
Training Vendor Costs		
Trainee Wages		
Trainee Fringe Benefits		
Training Materials		
Other Costs (Detail)		
Total Cost	\$0.00	\$0.00

SECTION 8: PROGRAM SPECIFIC INFORMATION

ETIP SINGLE COMPANY/ COMPETITIVE PROGRAM APPLICATION

8.0	<p>The Illinois Employer Training Investment Program (ETIP) Single Company component administered through the Illinois Department of Commerce and Economic Opportunity provides training grants to businesses operating in Illinois. The ETIP program supports Illinois workers' efforts to upgrade their skills in order to remain current in new technologies and business practices, enabling companies to remain competitive, expand into new markets and introduce more efficient technologies into their operations. ETIP grants may reimburse Illinois companies for up to 50 percent of the cost of training their employees.</p> <p>The ETIP Single Company Program - Large Company (250 or more employees) is competitive based and designed for Illinois companies that may be eligible and are training new employees and/or retraining/upgrading the skills of their existing workforce.</p> <p>The ETIP Single Company Program – Small - Midsize Company (250 or less employees) is competitive based and designed for Illinois companies that may be eligible and are training new employees and/or retraining/upgrading the skills of their existing workforce.</p>		
8.1	Is the proposed training related to capital investments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.2			
8.3	What was the capital investment of the facility last fiscal year (7/1/2009 – 6/30/2010)? \$		
8.4	Will the qualifying project result in the reopening of a facility closed within the past two years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.5	Primary Training Location Address	Street:	
		City:	
		9 Digit Zip:	
		County:	
8.6	Additional Training Location Address: (if Applicable) <i>(If further locations exist please list their address on a separate sheet of paper and attach to the application)</i>	Street:	
		City:	, Illinois
		9 Digit Zip:	
		County:	
8.7	Grant Contact/Administrator Information	Last Name:	
		First Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
		Job Title:	

SECTION 8: PROGRAM SPECIFIC INFORMATION

		Phone:	Ext
		Fax:	
		Email:	
8.8	Is the project facility address located within either of the following?	TIF District <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Enterprise Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
8.9	Type Of Company (choose One) <input type="checkbox"/> Manufacturing <input type="checkbox"/> Distribution <input type="checkbox"/> Service		
8.10	<p>Company Headquarters Location:</p> <p>Year Incorporated:</p>		
8.11	Describe the type of products manufactured, distributed and/or services provided.		
8.12	Are any employees at the project location (s) represented by a union?	<input type="checkbox"/> Yes (if yes please complete section 8.12) <input type="checkbox"/> No (if no please mark NA in section 8.12)	
8.13	Union Name	Name of Union Contact	Contact Phone #
8.14	List Major Customers: (by name)		
8.15	Majority of Competition (Total =100%)	Foreign	% Domestic %

SECTION 8: PROGRAM SPECIFIC INFORMATION

8.16	Percentage of Sales (<i>Total =100%</i>) In Illinois: % Other States: % Foreign: %								
8.17	Applicants must complete and attach Schedules A, B and C and submit with application. Applications will not be processed until completed schedules are submitted.	Please Attach Schedule A –Description of Training & Timetable Schedule B - Trainee Wage and Training Cost Schedule C – Project Budget Summary							
8.18	Total Amount of ETIP funds being requested by Company <i>(Total must match ETIP share in Schedule C and Section 7).</i>	\$							
8.19	Number of new/created and existing/retained fulltime (<i>unduplicated</i>) Illinois employees to be trained during the grant period 7/1/10 thru 6/30/11. <i>Note: A "New/Created" employee is defined as a person hired/will be hired, during the grant period and results in a net increase in the facility's employment level as of July 1, 2010.</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><u>Total Number to be Trained</u> <i>(unduplicated)</i></td> </tr> <tr> <td style="text-align: center;"><u>New/Created</u></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;"><u>Existing/Retained</u></td> <td></td> </tr> </table>		<u>Total Number to be Trained</u> <i>(unduplicated)</i>		<u>New/Created</u>		<u>Existing/Retained</u>	
<u>Total Number to be Trained</u> <i>(unduplicated)</i>									
<u>New/Created</u>									
<u>Existing/Retained</u>									
8.20	Applicants must attach most recent three years of company financials to the application. Application will not be processed until financials are submitted.	Please attach Company Financials (3 years)							

BUSINESS CERTIFICATION

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 Illinois Compiled Statutes 605. Disclosure of the information is REQUIRED. Failure to provide any information will result in this form not being processed.

The applicant understands that receipt by the Illinois Department of Commerce and Economic Opportunity (Department) of an application for training assistance is **not** a guarantee or commitment by the Department for funding.

The applicant certifies that it will agree to discuss with representatives of the local Illinois Employment and Training Center (IETC) office the hiring of Workforce Investment Act (WIA) eligible individuals for new jobs created as a result of this project.

The applicant agrees to submit to the Department on a quarterly basis, information regarding training activity as required for training payment under the Employer Training Investment Program (ETIP).

The applicant agrees to submit to the Department 60 days following the end of the grant period, a written evaluation of the results of the training experience by the company. The evaluation report should be based on the measurable outcomes or benefits contained in this grant application. In addition, the applicant agrees to submit the names of all employees participating in the approved training program plus documentation of external and/or internal training cost incurred. The report should also indicate if any interest was earned on grant funds, and what approved training cost those funds were used to pay.

The applicant agrees, on request by the department, to provide to the Department a notarized certification signed and dated by a duly authorized representative of the applicant, or that representative's authorized designee, certifying that all participating employees are employed at an Illinois facility and, for each participating employee, stating the employee's name and providing either (i) the employee's social security number or (ii) a statement that the applicant has adequate written verification that the employee is employed at an Illinois facility. The Department may audit the accuracy of submissions.

The applicant agrees to report the employment status of all trainees at 90 and 180 days following the completion (last day) of training.

The applicant agrees that, upon request by the Department, it will conduct an audit of the grant funds in accordance with

SECTION 8: PROGRAM SPECIFIC INFORMATION

generally accepted auditing standards and any special audit conditions, which the Department deems necessary to ensure the accountability of public funds.

The company certifies that it is a company in good standing, authorized to do business in Illinois and has no delinquent state tax liabilities.

The applicant authorizes the Department to verify in any manner deemed appropriate any and all items indicated in this application which includes information obtained through the Illinois Department of Employment Security, Consumer Credit Bureau Services and business reporting services such as Dun and Bradstreet.

The applicant agrees to promptly notify the Department regarding any major business or personnel changes at their facility (e.g., layoff situations, changes in training plans or schedules).

The applicant acknowledges that if its application is funded, it will be required to comply with the Illinois Drug Free Workplace Act, the Americans with Disabilities Act, the Illinois Human Rights Act and any future laws enacted which may be applicable to the grant.

The applicant certifies that to the best of its knowledge, as of the date of this application, it is not in material violation of any local, state or federal labor laws at the site and that abnormal labor conditions such as a strike or lockout do not exist at this site. The grantee agrees to immediately notify the Department regarding any major changes in the above-mentioned conditions. The Department reserves the right to collect grant funds or withhold payment in situations where staff was reduced due to layoff or turnover in excess of normal attrition.

The applicant understands the company is required to maintain appropriate records for a period of four years.

The applicant agrees to notify all trainees that, if funded, the training is being partially funded by an Employer Training Investment Program grant administered by the Department of Commerce and Economic Opportunity.

The applicant agrees, if the project is funded, to make every effort to reemploy individuals who were previously employed at the facility when: 1) the employer is reopening, or is proposing to reopen a facility that was last closed during the preceding two years; 2) at least one-third of the persons who were employed at the facility before its most recent closure remain unemployed; 3) the product or service produced by, or proposed to be produced by, the employer at the facility is substantially similar to the product or service produced at the facility before its most recent closure. Further, the grantee agrees to notify the Department when all these conditions are met.

DISCLOSURE OF FINANCIAL INFORMATION CERTIFICATION

The information contained in this application may be subject to disclosure by the Illinois Department of Commerce and Economic Opportunity under the Freedom of Information Act (5 ILCS 140). However, if the applicant makes the following certification, all applicable commercial and financial information provided in this application shall be deemed by the Department to be exempt from disclosure under Section 7 of the Act. In addition, if the Applicant considers information contained in its application to be confidential business or proprietary information, which could result in competitive harm to the Applicant, it should clearly mark all such information as "CONFIDENTIAL". The Department shall exert that such information is subject to exemption from disclosure to the extent allowable by law.

The applicant hereby certifies that the commercial and financial information contained in this application is proprietary, privileged, and confidential or is of a nature that its disclosure may cause competitive harm to the applicant.

TRAINING INFORMATION CERTIFICATION

SECTION 8: PROGRAM SPECIFIC INFORMATION

Portions of the contents of an approved application will become part of the grant agreement. The application and all documentation submitted with it shall become the property of the Department.

The Department reserves the right to request at least one copy of all training materials used by the grantee or any subcontractor for training, which is eligible for reimbursement under the grant. However, the Department will not distribute any proprietary information nor circulate any training materials without the express consent of the grantee or Subcontractor, with the exception of those materials, which are developed in whole or in part with state funds.

Portions of the schedules contained in this Application Package become part of the signed contract between the Department and the grantee. Reimbursement of training costs will be based on the information contained in Schedules A, B and C.

The applicant certifies that the information contained in the training schedules is accurate to the best of their ability, and any changes to the schedules must be completed through grant agreement modifications to the actual grant contract. In addition, the applicant certifies that all individuals to be trained are full-time Illinois employees of the business, and none are unauthorized aliens as defined in 8 U.S.C. 1324a

I acknowledge I have read and understand the above Business Certification, Disclosure of Financial Information Certification and Training Information Certification.

Initials of Authorized Signator

Date

SECTION 9: APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my information and belief, the information contained herein is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

I hereby release to DCEO the rights and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after grant application for the purpose of publication on DCEO's website. I hereby also release any and all claims against DCEO its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.

Authorized Signature

Printed Name & Title

Date

INSTRUCTIONS

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

SECTION 1: APPLICANT INFORMATION - INSTRUCTIONS

Question #1.1: Provide the applicant's legal name which is reflected on your Federal W-9 form. If the applicant is a Limited Liability Company with a tax classification of "C" - the IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.

Question #1.2: Provide the applicant's business address, including the 9-digit zip code.

Question #1.3: Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.

Question #1.4: Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.

Question #1.5: Provide the applicant's North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com/index.html>

Question #1.6: If applicable, provide the applicant's website address.

Question #1.7: Provide the applicant's Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a DCEO award.

Question #1.8: If the applicant is an individual with no FEIN, provide the applicant's Social Security Number (SSN). Do not provide a Social Security Number if you are also providing a FEIN for Question #7.

Question #1.9: A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant's DUNS number. If your business does not have a DUNS number, you may request one at: http://www.dnb.com/us/duns_update/

Question #1.10: Indicate the start date and end date of the applicant's fiscal year (accounting year) with month, day and year.

Question #1.11: Check the appropriate box if the applicant's business is a women or minority-owned business. A women or minority-owned business is defined as a business at least 51 percent owned and controlled by persons who are women or minority-owned. Minority-owned is defined as the following race/ethnic groups: Black / African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. If minority-owned, then check the appropriate race/ethnic group box that applies.

Question #1.12: Indicate the number of people that you expect will be served by the grant by each race/ethnic group that is listed.

SECTION 2: APPLICANT HISTORY - INSTRUCTIONS

Question #2.1: Complete this section with information on any grants received from the state of Illinois by the applicant within the last 3 years from the date of this application. Applicant must provide the information detailed below for each grant received. However, if applicant received more than 10 grants within the last 3 years the information below is only required for any grants with outstanding programmatic and financial issues.

Agency:	List the name of the agency from which the grant was received.
Grant #:	List the number related to the grant.
Grant Amount:	List the total amount of the grant
Grant Term:	List the term to include the beginning and end date of the grant.
Name of Grant Program	Provide the name of the Grant Program.

Question #2.2: If the applicant's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this application, this information must be provided in this section.

Question #2.3: Indicate which key staff positions have changed within the past twelve months from the date of this application. Provide additional documentation for the requested information for any vacancies, new hires,

layoffs, and terminations. Also provide the same information for any changes relating to key staff positions that may become involved with the administration and/or management of potential grants.

Question #2.4: Indicate in the list provided the type of documentation that the applicant's organization will maintain to support and allocate staff costs to the DCEO grant. Any staff costs incurred need to be adequately supported to ensure appropriate allocation to the DCEO grant.

Question #2.5: Indicate whether a previous business existed for less than two years. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, provide name(s) of business and reason(s) supporting why the business is no longer in existence. Be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.

Question #2.6: Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

Question #2.7: Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

- If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

Question #2.8: Indicate any debt owed to the state by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the state.

SECTION 3: PROPOSAL INFORMATION - INSTRUCTIONS

Question #3.1: Indicate the date on which the applicant is submitting this proposal.

Question #3.2: Project Title is ETIP Program – Single Company/Competitive.

Question #3.3: N/A (Addressed in Section 4).

Question #3.4: Complete this section with the address of the proposed project location.

Question #3.5: Identify the counties served.

Question #3.6: N/A (Addressed in Section 8.7).

Question #3.7: The Project Start Date is 7/1/2010 and the Project End Date is 6/30/2011.

Question #3.8: N/A (Addressed in Section 7)

SECTION 4: SCOPE OF WORK - INSTRUCTIONS

- Type in Company name.
- Provide a detailed description of the proposed project and the intended use of grant funds. The information provided in this description will assist the Department in development of the Scope of Work for the grant agreement if the project is awarded. It will also facilitate the periodic reporting that will be required to update the Department on the status of the projects major milestones if the project is awarded.
- The Description of Tasks is as indicated.

SECTION 5: PERFORMANCE MEASURES - INSTRUCTIONS

- Performance Measures are the number of new and existing employees to be trained and are addressed in Section 8.18.

SECTION 6: PROJECTED EMPLOYMENT IMPACT - INSTRUCTIONS

Definitions for Question #1 - #7:

- Employee:** An individual that agrees to participate in an employer/employee business relationship and provide services for the employer in return for a defined salary or wage; the employer files forms and withholds taxes per the IRS requirements for an employee.
- Created job:** A new position to be developed and filled, or an existing unfilled position to be filled; either of which could not be filled **but for** the DCEO grant/loan provided.
- Retained job:** An existing position to be maintained that otherwise would be eliminated **but for** the DCEO grant/loan provided. . **Note:** A job previously reported as retained during the course of a previous DCEO grant cannot be projected again as retained in the current DCEO grant application if the end date of the previous grant is less than 18 months prior to the current application date. However, a job reported as retained during the course of a previous DCEO grant can be projected again as retained in the current DCEO grant application, if the end date of the previous DCEO grant occurred more than 18 months prior to the date of the current DCEO application.
- Permanent job:** A job intended to last indefinitely; does not have a finite ending date.
- Temporary job:** A job that is typically short term, and will last only for a specified period of time (example: a seasonal job).
- Full time job:** Employee will be expected to work the full number of hours in a standard work week in the organization, as defined by the employer; full time positions often approximate 40 hours per week and typically include benefits such as a pension plan, insurance, and vacation benefits.
- Part time job:** Employee will be expected to work fewer hours per week than the hours required in a full time position; this type of job often does not include benefits or receives reduced benefits.
- Other projected employment impact:** The count may include other impacts with the applicant organization, such as temporary jobs or independent contractors needed by the applicant; and/or other employment impacts elsewhere in the economy.

SECTION 7: BUDGET - INSTRUCTIONS

- This section will be used to establish the cost categories of the grant agreement. List each budget line item for which the grant funds are proposed to be expended.
- Indicate the requested grant amount for each budget line item.
- Provide the proposed match amount for each budget line item.
- Provide the total of each column.

SECTION 8: PROGRAM SPECIFIC INFORMATION - INSTRUCTIONS

- Question #8.0 - #8.4** Questions are self-explanatory.
- Question#8.5** Primary Training Location is the location where the employees to be trained actually work.
- Question#8.6** List additional addresses where employees to be trained actually work (if applicable). If additional locations exist, please list information on a separate sheet of paper and attach to the application.
- Question #8.7** Name, address and information of the grant contact person. This person will be the person overseeing the grant.
- Question #8.8** The project facility address is the Primary Training Location address listed for Question 8.5.
- Questions #8.9 – 8.20** Questions are self-explanatory.

SECTION 9: APPLICANT CERTIFICATION - INSTRUCTIONS

The applicant should read and understand the certification statement provided in this section. The individual that signs this section should be the one that is authorized to sign the grant agreement if grant funds are awarded. The authorized individual should sign their name; print their name and title and date of certification. Please note the certification authorizes the Department to publish a copy of the completed application on the Department's website.

SUBMISSION OF APPLICATION

APPLICATION REQUIREMENTS

Each applicant is required to submit an original signed application along with one (1) copy (two (2) total copies). **No handwritten or bound applications (including 3-ring binders) will be accepted.** All applications must be submitted in unbound, typewritten form and include the following:

1. Letter(s) of Support

If applicable, a letter of support from the union(s) representing the employees at the facility for the training program is required.

2. Financial Statements

Financial statements (one (1) copy) consisting of profit and loss statements and balance sheets for the last three years must be included. For newly established companies, a three-year projected balance sheet and profit and loss statement and a one-year monthly cash flow statement are required. **Applications will not be processed without the financial statements.**

3. IRS W-9 Form

A completed W-9 form, showing the company's full legal name (as it is listed with the Federal Internal Revenue Service) and the Federal Employer Identification Number (FEIN) should be completed and included with the application. The name listed in the W-9 should match the full legal name of the company listed on the application's cover sheet. **If you are unsure of how the company's legal name is registered with the Federal IRS; please call their toll free number (1.800.829.4933) to clarify. If the company name listed in the application cover sheet does not match with the Federal IRS, the application will not be processed.** A copy of the W-9 form can be downloaded from the Federal IRS site: <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>

4. Transmittal Letter

The transmittal letter must be written on your company's official letterhead, and signed by an official with the authority to commit your organization to the proposed project. The transmittal letter makes the statement for need, and provides program staff with information needed to evaluate the application. The letter must include:

Company Information: specific information on the company, including but not limited to:

- Company History – a brief description of the organization's structure including any information on parent companies, subsidiaries, and divisions. Detail whether the workforce is increasing or decreasing. Describe whether the facility expanding, relocating, or in danger of closing.
- Nature of Business – an overview of the company's products and services. Identify major customers and competition.

Statement of Need: background information that warrants the need for training funds, including:

- How the training is linked to business goals.
- Explain how the training funds will impact the regional economy.
- Describe how training needs were identified.

Project Work Plan: a description of the training program objectives and plans. Include an estimate of the number of participants you expect to train through this grant; the number of training cycles; the number of hours per cycle; the names of courses. Please include:

- Detailed description of the training content
- Timelines for the training activities
- Identify trainers – provide background information on the trainers and their qualifications; describe why the trainer was selected (attach resumes of internal trainers).

Basis of Costs: a detailed budget narrative which clearly explains how funds will be used for each of the costs listed in the Project Budget Summary. The applicant must also:

- Detail the vendor selection process; indicate whether the training was competitively procured.
- Provide detailed vendor proposals including number of trainer hours, and detailed cost estimates.
- Describe internal trainer cost assumptions, including number of trainer hours per session, number of trainees per session.

Measurable Outcomes: Identify specific improvements to be achieved from the training. Anticipated performance results should be addressed in terms of percentages to protect proprietary information. They may include:

- Production, efficiency, and quality objectives such as, scrap reduction, increased productivity, reduced set-up time, etc.
- Administrative, management information systems improvements
- Increase in shareholder value, company profitability, change in market share, etc.

5. Completion of Schedules A, B and C

In addition to completing the application, you are also required to complete schedules A, B, and C, which are provided in Excel spreadsheet format. Completion of these schedules will allow for the development of the scope of work and performance measures to be included in the grant agreement.

In completing the required schedules, applicants should be consistent in the use of training categories and course names. Applicants may reflect trainees participating in several training modules, but the application cover sheet must include a non-duplicated number of trainees.

Schedule A- Provide name and brief description of each training course (listed by category), and give an outline of the training schedule and number of participants for each course.

Schedule B - Repeat the training courses by name and provide **trainee** and **trainer** expenses along with the number of hours in training, and whether the training will be provided by internal or external trainers. Note: Please remember the ETIP program does not allow for time or expenses related to course development/preparation, travel time or travel related expenses.

Schedule C - Provide an outline of the overall training budget. Expenses outlined in Schedule B are transferred into Schedule C and other eligible training expenses are included and divided by ETIP share and Company share. In completing this section, you will need to remember the ETIP program reimburses no more than 50% of the overall training budget.

Once completed, print and attach Schedules A, B and C to the grant application for submission.

Please be sure to check the boxes and attach the following information:

- Letter of Union support (if applicable)
- Financial Statements (3 years only)
- IRS Form W-9
- Transmittal Letter
- Schedule A –Description of Training & Timetable
- Schedule B - Trainee Wage and Training Cost
- Schedule C – Completed Budget and Budget Narrative

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APPLICATION EVALUATION

The Department shall screen all applications to determine that all requirements of the application package have been addressed. Department staff will conduct a technical and financial evaluation of each complete application.

Technical Evaluation Component

Each application will be reviewed to assure compliance with technical program requirements that ensure the applicant is an eligible entity and eligible training activities are being proposed. Department staff will also review compliance with information contained in the Cover Page, and ensure that all proper signatures are affixed to the document.

Financial Evaluation Component

The company's audited financial statements, including the annual balance sheets and profit and loss statements for the past three years, will be reviewed through a standard credit analysis, which will determine the financial stability of the company.

GRANT ADMINISTRATION REQUIREMENTS

Monitoring

If the applicant is awarded an ETIP Incentive program grant, the Department may conduct at least one on-site monitoring visit to verify that the Grantee's financial management system is structured for accurate, current and complete disclosure of the financial results of the grant program. The monitoring visit will also verify employee wage records, training rosters, and invoices and receipts associated with the approved training.

Training Evaluation Report

If awarded an ETIP Incentive program grant, the grantee must submit to the Department within 60 days following the end of the grant period, a descriptive written evaluation of the results of the training experience. The report should be based on measurable outcomes or benefits contained in the application submitted and approved by the Department. The Department reserves the right to withhold any future year funding for noncompliance with these provisions. The report should also indicate if any interest was earned on grant funds, and what approved training costs those funds were used to pay.

Notification Requirement

If awarded an ETIP Incentive Program grant, the grantee must notify all trainees that the training is partially funded by an Employer Training Investment Program grant administered by the Department of Commerce and Economic Opportunity.

Application Summary Form

Before submitting this application for review, this summary page must be filled out and attached to the front of this application.

Type of Applicant: *(Please check one)*

- Single Company/Competitive:
- Small/Mid-Sized Company Component
(Company has less than 250 employees)
 - Large Company Component
(Company has 250 or more employees)

Company Name:

Company Address, City, County:

ETIP Funds Requested:

Total Number Employees to be Trained: New Existing

Application/Grant Contact Name:

Contact Phone:

Contact Email:

Please send application to:

John Glazier
Program Manager Department of Commerce & Economic Development
Employer Training Investment Program
500 E. Monroe
Springfield, IL 62701
217.725-6193 (p)
217.558.4860 (f)

DCEO Use Only

Letter of Union Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Transmittal Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Schedules A, B, C	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRS Form W-9	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Notes: