

Customized Job Training Grant Application

Nebraska Department of Economic Development

Business Information

Business Name:

Headquarters Address

City

State

Zip Code

Federal ID #

NAICS Code

Secretary of State #

Contact Information

Contact Person (first and last name)

Contact's telephone number

Contact's email address

Project Information

1. Location(s) of the training project (full address):

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 the project site to purchasers outside Nebraska: _____

5. Purpose of training grant request:

Training for existing employees

Training for new start-up employees

6. Attach a description of the capital investments and 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.

Training Information

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. Approximate starting and ending dates for this training:

_____ Start date _____ End Date

10. Attach a separate sheet with the following information:

Job Title	A description of the training to be provided for each new position	The time involved for each new position	Who will conduct the training for each new position	Address, city, state, zip code of where the training will occur	Associated costs for the training of each new position

11. Attach a separate sheet with the following information:

Job Title	Job Description	New Full Time Hires Being Trained	Existing Full Time Positions being Trained	Hourly Starting Wage	Expected Wage After Training

Company Benefits

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 benefits provided by the business. Also, as a summary, show the percent of the cost paid by the business for each of the following from 0% to 100% each:

_____ Health Insurance _____ Life Insurance _____ Tuition Assistance

_____ Retirement Plan _____ Dental 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

Holiday leave

Military leave

Sick leave

Funeral leave

15. Attach additional information about the project:

- How long the business has been in operation.
- Any other financial 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 are 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

Print Name & Title

Date