



Employer Workforce Training Fund (EWTF)

Multi-Purpose Project Form

This form will serve as your project's Application, for Revisions (if needed), and Final Report form.

Please check the appropriate box indicating what type of submission this is:

- EWTF Application/Project Description Form
- EWTF Project Description Form Revision
- EWTF Project Notice of Cancellation
- EWTF Project Final Report Form due 30 days after project ends

Shaded Areas are for Final report only

Date Application Submitted:

Company Name(s): Address: Phone: () - Fax: () - Email:
Company Representative Name: Title:

Project Name:
Type of Training:
***NAICS Code:**

Region:
Project Start Date:
Project End Date:
Project #: Reg-Proj-Yr

Industry Affiliation:
 Manufacturing Bio Mass Energy Efficiency
 Other (please identify)

Grant Funding	Planned	Final
Grant Fund amount specific to training		
Grant Fund amount for training related activities		
Private Fund Contribution, planned %		

Will material or curriculum developed/revised with Grant Funds? No Yes*

*All materials produced must be sent electronically in original format to CCWD at the conclusion of the project. Material sent must include the item name, dates and NAICS industry code related to the training.
 Items sent to CCWD? N/A No Yes

Training Received	Planned	Final
Unduplicated Number of Workers Trained		

SECTION 1: TRAINING PLAN

NEEDS ASSESSMENT

Employers are required to conduct a needs assessment that identifies the specific skills that are needed for the job or industry; the skills gap that exists in the employer’s current labor force or industry; and the type of training proposed to address the skills or process gap.

Your business is experiencing skill gaps that impact your business’s ability to compete and has the potential to undergo layoffs if not rectified. yes no

What are the skills needed?

What are the skill gaps?

What type of training is being proposed to bridge the gap?

ANTICIPATED OUTCOMES OF THE TRAINING PLAN

Please check **ALL** the boxes that apply to the anticipated outcomes of the proposed training project.

Planned	Final	
<input type="checkbox"/>	<input type="checkbox"/>	Will save jobs
<input type="checkbox"/>	<input type="checkbox"/>	Will contribute to long-term/short-term viability
<input type="checkbox"/>	<input type="checkbox"/>	Will increase profitability/competitiveness
<input type="checkbox"/>	<input type="checkbox"/>	Will create new jobs

Will the training activity be offered through:

On-the-job-training (continue to Section 2) or Training vendor (continue below)

TRAINING VENDOR

Vendor Name:	
Vendor Contact:	
Address:	
Phone and Email Address:	

<p>REQUIREMENTS</p> <p><i>Provide a brief technical explanation as to what qualifications are essential and <u>unique</u> to this training provider.</i></p>	
<p>PRICE REASONABLENESS</p> <p><i>What information do you have that can help validate price reasonableness?</i></p>	

Certification or Credentials* to be received as a result of this training		Planned	Final
1.			
2.			
3.			
4.			
5.			
6.			

***Certifications / Credentials:** Documents certifying that participants completed a curriculum of defined skills and were tested on or demonstrated competency at the end of training. This does NOT refer to a certificate of attendance. (Not required for all projects)

SECTION 2: PROJECT BUDGET GRANT/PRIVATE CONTRIBUTION REPORT

		Budget Detail		
		Grant Budget Requested Amount	Planned Private Contribution Amount	Actual Private Contribution Amount
1. Training	Tuition/Training Costs			
	On-the-job-training			
2. Other Training Related Costs	Curriculum Development			
3. Salaries & Benefits	Staff Time in Training			
	Supervisory Staff Time			
	Other			
4. Other Materials & Services	Office Supplies			
	Facilities Costs			
	Equipment Usage			
	Other			
Total Funds Committed in Contract				
Total Actual Private Contributions Provided				

Provide budget narrative by line item.

- Line 1:
- Line 2:
- Line 3:
- Line 4:

A private contribution made to federally-funded programs must be documented. All contributions claimed as non-federal share must be substantiated by records that meet Generally Accepted Accounting Principles. I hereby certify that the above is a true statement of private contributions made by our business in support of the Grant Project.

Responsible Official

Date

CONFIDENTIAL FILE

My signature below indicates that I understand that if the training of my employees are supported with funds under this application I must:

- Agree to complete a final report at the end of the project providing both anecdotal information and data on the project’s outcomes. Final payment will not be made until the final report is accepted.
- Agree to provide 1 paragraph overview of the project with quotes regarding the success of the project along with a digital photo to use in promotional programs by the State of Oregon as part of the final report.
- Attest that there is no real or potential conflict of interest in acquiring this training service from the identified training provider, if applicable. No real or potential financial gain exists for me, or for any member of my household, or any business with which I or a member of my household are associated.
- Attest that the employees enrolled in this training project need assistance to maintain or retain a good job by enhancing their skills or learning new technologies and procedures in a changing and challenging economic environment and without such training my business may find it necessary to lay off those employees with obsolete skills.
- Attest that the training outlined in this application is not part of my business’s regular training plan for employees.
- Attest that there is sufficient work to provide long-term regular employment for those employees who are benefit from this skill enhancing training project.

I hereby certify that the above are true statements made by our business in support of the Grant Project.

Signature

Typed Name and Title

Date