



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 due with any changes or if project is cancelled.
- 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:

* you may look up the code at <http://www.naics.com/search.htm>

Industry Affiliation:

- Manufacturing
 Healthcare
 Clean Technology
 Other (please identify)

Grant Funding	Planned	Final
Grant Fund amount specific to training		
Grant Fund amount for other training costs		
Private Fund Contribution		

Was 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?** No Yes

Number of Workers Receiving Training		
Certification or Credential to be received as a result of this training	Planned	Final
1.		
2.		
3.		
4.		
5.		
6.		

Training Received	Planned	Final
Unduplicated Number of Workers Trained		

Criteria Summary
<p>Completion of the Grant funded training activity will lead to a high wage (exceeds Coos County \$13.22/hr; Curry County \$12.81/hr)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Trainees' median wage before training: \$ /hr. Wage expected after training: \$ /hr.</p>
<p>Grant Funded training activity is connected to a high demand occupation or industry.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain:</p>
<p>Grant Funded training activity is connected to a high skilled occupation.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Explain:</p>
<p>Will Employees Receive Certification after Training? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe certificate</p>
<p>Private Contribution—What percentage of grant request is matched by applicant? %</p> <p>Private contribution is documented on the Employer Budget/Private Contribution Report on the next page.</p>
<p>Is there anything you would like to add in support of your project that is not covered elsewhere in this form?</p>

**EMPLOYER WORKFORCE TRAINING FUND
Employer Budget/Private Contribution Report**

Applicant Name		Budget Detail		
		Budget Requested Amount	Planned Private Contribution Amount	Actual Private Contribution Amount
1. Training	Tuition/Training Costs			
	Training Materials & Supplies			
2. Other Training Costs				
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

Training Plan & Training Provider Information

Please complete the following information and submit this form to along with your application.

TRAINING PROVIDER

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

GOODS/SERVICES INFORMATION

NEEDS STATEMENT <i>Describe in detail the training plan and how it meets your needs.</i>	
REQUIREMENTS <i>Provide a brief technical explanation as to what qualifications are essential and <u>unique</u> to this training provider.</i>	
PRICE REASONABLENESS <i>What information do you have that can help validate price reasonableness?</i>	

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

- Track all expenditures related to this project separately from other company funds, and provide detailed invoices, including original receipts for training related expenses.
- 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.
- Abide by non-discrimination laws in determining who is eligible to receive this training and in the delivery of training (federal non-discrimination laws apply to this funding).
- Have the authority to sign this application on behalf of my organization.
- Agree that these funds will not displace routine, on-going, regularly scheduled training.
- Attest that there is no real or potential conflict of interest in acquiring this training service from the identified training provider. 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 business has been in operation in Oregon for at least 120 days.
- Attest that the business has not relocated within the last 120 and resulted in a loss of employment at any previous U.S. location.
- Agree to provide 1 paragraph overview of the project with quotes from a trained employee 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.

Signature

Typed Name and Title

Date

Data by Project

Complete Only for Project Final Report

Please provide the data for the following reporting elements:

Demographic Information

Age: 14 - 17 18 19 – 21
 22 – 54 55 – 65 66 +

Gender: Male Female

Ethnicity Hispanic / Latino:

Race:

American Indian or Alaska Native:

Asian:

Black or African American:

Hawaiian Native or other Pacific Islander:

White:

Other Race:

Information Not Voluntarily Reported: