



RHODE ISLAND
Economic Development
CORPORATION

Governor's Workforce Board
Workforce Expansion Grant Fund Application

NOTE: Applications for training that have been completed or is currently underway will not be reviewed and expenses are ineligible for the grant. Changes to the proposed training program that will affect the amount of the grant must be approved by the Governor's Workforce Board prior to implementing. Applicants may include multiple training programs in one application. Workforce Expansion funding is intended for new job creation and job growth.

Date:

1. GENERAL INFORMATION:

A. Company Name:

Address:

City: State: Zip:

Contact Person: Title:

Telephone: Ext.: Fax: Email:

Fiscal Contact Person: Telephone: Ext.: Email:

B. Federal Tax ID: RI Employer ID:

C. Primary SIC Code: D. Total number of employees:

E. Briefly describe your company's business:

2. TRAINING INFORMATION:

A. Number of new full-time employees to be trained through this program (must be at least 10):

B. Number of full-time employees presently in Rhode Island:

1. Has the company had any recent layoffs or downsizing in the past 2 years? _____ Yes _____ No

If yes, please explain:

C. Expected number of full-time employees in Rhode Island at the end of program:

D. Training program overview:

E. Who will provide the training:

F. Where will the training take place? (If training is conducted outside RI, please explain why it was not feasible to conduct training in RI):

G. Estimated start date of training: Estimated completion date of training:

(Training that takes place prior to the approval date by the Governor's Workforce Board Committee, will not be reimbursed under the Grant Program.)

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3. Budget Information

Provide The Following Information For Each Position For Which Training Funds Are Requested.

- A. Job Title:
- B. Number trainees for this position:
- C. Wage at start of training program:
- D. Wage at the end of training program:
The starting wage must be at least 150% of the state minimum (currently \$7.40 per hour), which is equal to \$11.10 per hour.
- E. Estimated Total hours of training per position:
- F. Job Description:

G. Describe training for this position **in detail** to include:
 (Attach a separate sheet if necessary for each type of position)

1. Training Outline:

2. Specific new skills to be learned by the end of training:

3. Why is this training necessary?

4. How will these new skills/training be measured or evaluated?

H. Budget:

Item	Description	Amount
Trainee Wages		
In-House Trainer Wages		
Consultant/Trainer Costs		
Other Allowable Expenses:		
	Total Cost of Proposed Training:	
	Total Cost Per Trainee:	
	Grant Cost Per Trainee (Maximum \$5,000.)	
	Total Company Matching Funds:	
	Total Grant Funds Requested:	

Note:

- Applicant's match must be at least 50% of the total training costs.

 - Grant funds requested may not exceed 50% of the total training costs and grant awards may, at the option of RIEDC and Governor's Workforce Board, be less than 50%.
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4. Recruitment/EEO/AA Policy

A. Attach a copy of the company's stated EEO/AA policy.

B. Please provide a detailed description of the employer's recruitment plans (Positions must be listed with the Rhode Island Department of Labor and Training): All Rhode Island residents must have an equal opportunity for these new positions. To ensure this, please describe in detail, the company's recruitment plans for reaching residents that might not normally apply for these positions. Examples of these recruitment efforts may include: meetings with community based organizations, targeted recruitment efforts in urban areas, advertising job openings in ethnic newspapers, providing job openings and their description to the Department of Human Services.

Companies that do not provide a detailed plan will not be considered for funding.

5. PLANNED GRANT EXPENDITURES BY QUARTER *

Quarter Ending	# New Hires Planned	Grant Expenditures Planned
1.		
2.		
3.		
4.		
5.		
6.		
Total		\$

*Note: Ending dates for quarters are as follows:
March 31, June 30, September 30, and December 31.

Total Funds Requested: \$

The company will supply the Governor's Workforce Board staff with additional information related to the training program and the necessary financial information to document the grant as requested and will allow the Governor's Workforce Board staff to review records and files relating to training with reasonable prior notice.

Signature of CEO or Manager of RI facility: _____

Print or type name:

Date:

Please mail or email copy of application to Paul Harden at pharden@riedc.com for his initial approval. After approval, additional copies with signatures will be required.

Rhode Island Economic Development Corporation
Workforce Expansion Grant Program
ATT: Paul C. Harden
315 Iron Horse Way Suite 101
Providence, RI 02908
(401) 278-9100 X149
pharden@riedc.com

Workforce Expansion Grant Application

The following page is the **State of Rhode Island Payer's Request for Taxpayer Identification Number and Certification**. You must print out this copy, (only one original copy needed), fill it out, sign and return to Paul Harden, RIEDC, One West Exchange Street, Providence, RI 02903.

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Sub Form W-9 (Rev. 10/01)

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

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Employer ID No. (EIN)

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NAME _____

ADDRESS _____

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE _____

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding either because: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE _____ **TITLE** _____ **DATE** _____ **TEL NO.** _____

BUSINESS DESIGNATION:

Please Check One:: Individual Medical Services Corporation Government/Nonprofit
Partnership Corporation Trust/Estate Legal Services Corporation

NAME: -- Be sure to enter your full and correct name as listed in the IRS file for you or your business. **ADDRESS, CITY, STATE AND ZIP CODE** -- Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.