



RHODE ISLAND
Economic Development
CORPORATION

**Human Resource Investment Council
Job Creation Grant Fund Application**

NOTE: Applications for training that has 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 HRIC prior to implementing. Applicants may include multiple training programs in one application. Job Creation Grant 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: _____ Tel #: _____ Ext. _____

B. Federal Tax ID: No.: _____ 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 _____

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 HRIC Project Review Committee, will not be reimbursed under the Grant Program.)

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4. Recruitment/EEO/AA Policy

- A. Attach a copy of the company's stated EEO/AA policy.
- B. A detailed description of 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.

5. PLANNED EXPENDITURES BY QUARTER * For Requested Grant Funds Only

Quarter Ending	#New Hires Planned	Total 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 HRIC staff with additional information related to the training program and the necessary financial information to document the grant as requested and will allow HRIC staff to review records and files relating to training with reasonable prior notice.

Signature of CEO or Manager of RI facility: _____ Date: _____

Please return 12 completed copies of this application to:

Rhode Island Economic Development Corporation
Job Creation Grant Program
ATT: Paul C. Harden
One West Exchange Street
Providence, RI 02903
(401) 222-2601 X149
pharden@riedc.com