



## Training Grant Application

The Workforce Development Center of the Delaware Economic Development Office (DEDO) coordinates and funds employment and training activities that help employers raise productivity and lower employee turnover rates. The attached Training Grant Application can be completed and submitted anytime. Our flexible training approach means you can contact us year round for assistance.

### **Application Procedures:**

All parts of this application must be completed including the needs grid, a training proposal of the training program and a budget summary before the grant request can be considered for funding.

**You may submit your application on-line to Beverly Ennis, followed by mailing the notarized original signed application and attachments to our Dover office at: Delaware Economic Development Office, Attention: Workforce Development, 99 Kings Highway, Dover, DE 19901. Please allow approximately 45 days from acceptance of completed training grant application to signed contract.**

The Delaware Economic Development Office maintains sole authority in the award process. A completed application does not assure funding approval.

**NOTE: This application will not be considered complete unless the following items are submitted with the application form.**

1. Signed and notarized application.
2. Copy of the State Business License issued by the Division of Revenue of the Delaware Department of Finance.
3. W-9 Form

**NOTE: Training Grant must be awarded prior to the start of any training. We cannot award any grant based on retro-active training programs.**

### **Reimbursement/Reporting Requirements:**

Each company is responsible for supplying documentation regarding their program by submitting training reports, participant surveys, and receipts for training-related expenditures.

- **Training Report** – completed and submitted at completion of training.
- **Participant Survey** - A demographic survey of each training participant.
- **Receipts** - Receipts must be submitted for expenses that have been outlined on the budget page of the Training Grant Application.

Please visit us on our web site at

<http://dedo.delaware.gov>

for more Workforce Development Center information or contact:

Sonia Aguilar  
Director of Workforce Development Center  
Email: [Sonia.Aguilar@state.de.us](mailto:Sonia.Aguilar@state.de.us)

Veronica Richardson  
Workforce Representative  
E-mail: [Veronica.Richardson@state.de.us](mailto:Veronica.Richardson@state.de.us)

Beverly Ennis  
Program Coordinator  
Email: [Beverly.Ennis@state.de.us](mailto:Beverly.Ennis@state.de.us)

You are encouraged to contact the Workforce Development Center at (302) 739-4271 should you have any questions.

We look forward to hearing from you and working on a training project to benefit your employees and your business!

**Delaware Economic Development Office  
Training Grant Application**

**I. Participating Company:**

Company Name:		
Street Address:		
City:	Zip:	County:
Mailing Address:		
<b>Federal Employer Identification #:</b>		
Name: <i>(Highest Level Official at Site)</i>		Title:
Name: <i>(Company Representative signing Letter of Agreement)</i>		Title:
Phone:	Fax:	E-mail:
Name: <i>(Person overseeing agreement)</i>		Title:
Phone:	Fax:	E-mail:
Parent Company Name:		
Parent Company Address:		
Are you a (check all that apply): <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership		
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Franchise <input type="checkbox"/> Other		
Number of employees at this location:	Company-wide:	# of years in Business:
Union Affiliation (if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No    Union Representative:		
Phone:		Fax:
Do you or have you owned or controlled any other employing unit in Delaware? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide the federal employer identification number of such entities:		
Does the company pay into the Unemployment Insurance (UI) fund as a <input type="checkbox"/> contributory employer or a <input type="checkbox"/> reimbursable employer or <input type="checkbox"/> No?		

Brief description of Business History and Product:		
Business Status: <input type="checkbox"/> New <input type="checkbox"/> Expand <input type="checkbox"/> Retain	Annual turnover rate:                  %	
Type of training being requested:		
How did you hear about our services?: <input type="checkbox"/> Repeat <input type="checkbox"/> Referral <input type="checkbox"/> Website		
Senatorial District:	Representative District:	School District:
(For assistance in completing each district representative, please contact the appropriate County Office)		
New Castle County: 577-3464	Kent County: 739-4498	Sussex County: 856-5367

**II. Trainer Information:**

Name of Company :		Name of Representative of Company:	
<input type="checkbox"/> External Trainer		<input type="checkbox"/> In-house Trainer	
Street Address:			
City:	State:	Zip:	County:
Contact Person:		Phone:	Fax:
<b>Validation</b>			
The trainer's credentials are as follows:			
Name:			
Education:			
Relevant Experience:			
Institution or Company Affiliation:			
<b>Attach additional sheet with information if necessary.</b>			

**III. Training Needs Grid:**

**Please answer the questions in the Needs Grid below.**

1. WHAT are the top three company goals?	1.
	2.
	3.
2. WHAT are your top three training goals?	1.
	2.
	3.
3. WHY is this training important?	
4. WHAT company goal will this training address?	
5. WHAT are the performance Metrics/Measures now and what do they need to be?	
6. WHAT results do you expect six months after completion of the training? (Metrics/Measurable)	
7. WHAT internal or external factors/forces will challenge achievement of this training goal? WHAT steps can/will you take to deal with these?	
8. UPON completion of training, what step will you take to ensure that the transfer of knowledge from the classroom to the work environment occurs?	

**IV. Training Proposal:**

Please provide a concise training program proposal. This training proposal should include course content, objectives, timetables, number of people to be trained, number of hours, and cost, etc. If using an outside trainer, the Delaware Economic Development Office requests a copy of the **trainer's proposal** including an **itemized budget** from them. Please allow approximately 45 days from acceptance of completed training grant application to signed contract.

**IV. Training Project Information and Budget:**

- A.** Amount requested: \$ \_\_\_\_\_ **B.** Company's match: \$ \_\_\_\_\_
- C.** Total estimated cost of training: \$ \_\_\_\_\_
- D.** Anticipated training start date: \_\_\_\_\_ End date: \_\_\_\_\_
- E.** Number of full time (35+ hours) employees to be trained: Total= \_\_\_\_\_ ( Existing: \_\_\_\_\_ + New Hires: \_\_\_\_\_ )  
Reason (new hires):  Expansion  Attrition:  Other: \_\_\_\_\_
- F.** Wage information: (all wage information without benefits)  
Average hourly wage paid for employees before training: \$ \_\_\_\_\_ Wage after training: \$ \_\_\_\_\_
- G.** What benefits are provided for employees (please check all that apply):  Health Insurance  401K  
 Dental Insurance  Pension  Short Term Disability  Other \_\_\_\_\_

**V. Budget Summary:**

**Budget: (Attach detailed breakdown of calculations)**

Budget Item	Requested Funds	Company Contribution	Total
Program/Curriculum Development: _____ hrs x \$ _____/hr =			
Instruction: _____ hrs x \$ _____/hr =			
Training Materials: (Itemize books, manuals, handouts, uniforms, etc.) _____ x _____ =			
Facility (off-site):			
Facility (on-site):			
Wages of trainees: (Per hour wage may include company benefits) When calculating average wage match, wages should be grouped together by eligible classification:  <ul style="list-style-type: none"> <li>• Entry-Level (# trainees _____ x \$/hour _____ x # hours _____ = \$ _____ )</li> <li>• Front-Line Supervisors (# trainees _____ x \$/hour _____ x # hours _____ = \$ _____ )</li> </ul>			
Travel			
Meals/Lodging			
Other (outline required)			
<b>Requested Funds + Company Contribution = Total</b>			

***For more information on completing the budget portion please click here for detailed instructions:***

**[INSTRUCTIONS FOR COMPLETING BUDGET PAGE](#)**

**VI. Company Assurances:**

Upon completion of all application components, parties to the training program will sign a Letter of Agreement that will include the cost of the training, the allocation of funds, the responsibilities of each party to the contract, an indemnity clause, an assurance that a minimum of 25% of trainees will be Delaware residents, and an assurance that all parties will cooperate in reporting the training program's progress and will make available financial and other records related to the training program to the Delaware Economic Development Office.

**VII. Certification of Application:**

**Please note:** Eligibility for financial assistance from the Delaware Economic Development Office is determined by the information presented in this application and in the required exhibits and attachments. Any change of the status of the proposed project from the facts presented herein could disqualify the project.

***NOTE: Training Grant must be awarded prior to the start of any training.  
We cannot award any grant based on retro-active training programs.***

***I, the undersigned, being duly sworn, upon my oath say:***

1. The Applicant hereby agrees that designated officers, employees, or agents of the Delaware Economic Development Office (“DEDO”) or DEDO’s attorneys may have access to and copy any and all information in any form pertaining to Applicant, including, but not limited to, tax returns and information from tax returns as used in 30 Del. C. §368, in the custody of any State of Delaware, or other State, department, agency, instrumentality, division, office, board, bureau, council, commission, committee, panel or “public body,” as that term is defined in the Delaware Freedom of Information Act, 29 Del. C. § 10002(a), including, but not limited to, the Departments of Finance, State, Labor, and Natural Resources and Environmental Control of the State of Delaware, the United States Environmental Protection Agency, the United States Department of Labor, the National Labor Relations Board or any other agency of the federal government having custody of information deemed pertinent by DEDO or the Authority staff or attorneys in evaluating Applicant’s application for assistance.
2. The Applicant hereby acknowledges and agrees that DEDO reserves the right to and may disclose any information contained in this application and its supporting documents to any employee of the State of Delaware and that this application is subject to disclosure under the Delaware Freedom of Information Act.
3. This application and all other attachments and exhibits to the application, are the products of diligent and reasonable investigation that I have either overseen, or in which I have been personally involved.
4. I have **carefully read** this application, and all other attachments and exhibits to this application, and the information contained in this application, and all other attachments and exhibits to this application, are true, accurate and complete to the best of my information and belief.
5. I am a “high managerial agent” of the Applicant, as defined in 11 Del. C. §284(b), and I am acting within the scope of my employment and in behalf of the Applicant.
6. I understand that if I have intentionally made a false statement in this application, and all other attachments and exhibits to this application, or someone else has made a false statement herein or therein that I know or believe to be false, I am subject to criminal prosecution. Further, DEDO, at its option, may terminate its financial assistance.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

Signed and sworn to (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Representative of Applicant)

\_\_\_\_\_  
Notary Public

[SEAL]

My Commission expires: \_\_\_\_\_

The Union (if applicable) understands that if they intentionally made a false statement in this application, and all other attachments and exhibits to this application, or someone else has made a false statement herein or therein that they know or believe to be false, they are subject to criminal prosecution. Further, DEDO, at its option, may terminate its financial assistance.

NAME OF UNION:

SIGNATURE OF REPRESENTATIVE: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

TITLE:                      DATE:

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss

Signed and sworn to (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
(Representative of Applicant)

\_\_\_\_\_  
Notary Public

[SEAL]

My Commission expires: \_\_\_\_\_

**Please submit the completed Training Grant Application to the Workforce Development Center. In addition to submitting your application, please mail original to:**  
**Beverly Ennis**  
**Delaware Economic Development Office**  
**Workforce Development Center**  
**99 Kings Highway**  
**Dover, DE 19901**

**Delaware Economic Development Office - Workforce Development Center**  
**\* Dover Phone: 302-739-4271, Dover Fax: 302-739-2027 \***  
**\* Wilmington Phone: 302-577-8477, Wilmington Fax: 302-577-8499 \***

**INTERNAL USE ONLY**  
Date application received:  
Workforce Representative:



## Training Grant Application

### Client Check-off List

#### These items must be included in Training Grant Application Package

- Completed **signed** and **notarized** training grant application. Mail original to:  
Attention: Beverly Ennis, Delaware Economic Development Office, 99 Kings Highway, Dover, DE 19901
- Attach Training grant proposal
- Attach copy of State Business License issued by the Division of Revenue, Delaware Department of Finance
- Submit W-9 form completed  
(Must be submitted to Delaware Division of Accounting – please read directions below to do so):
  - To submit W-9 electronically, please go directly to the Delaware Division of Accounting website: <http://accounting.delaware.gov>. Click on the Delaware W-9 form. Please complete the secure form, read the affirmation, and submit the form by clicking the “Submit” button.
  - For vendors that do not have internet access, a printable version of the W-9 form can be provided to you by calling Beverly Ennis – 739-4271. She in turn will forward you a copy of the form and then you can either fax or mail the form directly to the vendor staff at the Delaware Division of Accounting, upon completion. The completed form can be faxed to: (302) 736-7909, or mail completed form to:  
ERP Project / Division of Accounting  
Attn: Jack Kennedy / Nancy Sapp  
800 Silver Lake Boulevard  
Suite 100  
Dover, DE 19904