

IOWA JOBS TRAINING PROGRAM (260F) APPLICATION FOR ASSISTANCE

1. BUSINESS INFORMATION

<hr/> <i>Business Name</i>		<hr/> <i>Federal ID#</i>	
<hr/> <i>Street Address</i>		<hr/> <i>SIC Code</i>	
<hr/> <i>Town</i>	<hr/> <i>County</i>	<hr/> <i>State</i>	<hr/> <i>Zip Code</i>
<hr/> <i>Contact Person & Title</i>		<hr/> <i>Telephone Number</i>	

2. COLLEGE INFORMATION

<hr/> <i>College Name</i>	<hr/> <i>Town</i>
<hr/> <i>Contact Person & Title</i>	<hr/> <i>Telephone Number</i>

3. AGREEMENT OF INTENT

Is there an Agreement of Intent for this project? yes no If yes, what is the Agreement date?
_____ If yes is checked, a copy of the agreement must be attached to this application.

4. BUSINESS INFORMATION

A. This business is: new expanding retooling/retraining

B. Provide a **brief history/ description of the business** of the business:

C. What cluster does the business fit into?

- Advanced Manufacturing Information Technology/Insurance **Biotechnology**
 Renewable energy **Other/None of the above**

D. What are the product(s) manufactured or the service(s) provided?

E. What percentage of the business' sales are outside of Iowa?

F. Are more than 50% of the business's total operating expenditures spent within the state?

- Yes No

G. What is the number of businesses that can be considered as in-state competitors?

List in-state competitors: _____

H. Has/will the sale of the business's products result in an increase in the number of its Iowa customers? Yes No **If yes, please explain:**

I. Are the majority of the business's suppliers located in Iowa?

- Yes No

J. Has/will the sale of the business's products result in a decrease in the importation of foreign-made goods into the USA? Yes No **If yes, please explain:**

K. Do the business's current products help diversify Iowa's economy?

- Yes No **If yes, please explain:**

L. Does the business plan for future potential growth and product diversification?

- Yes No **If yes, please explain:**

5. EMPLOYEE INFORMATION

A. How many permanent employees does the business currently employ?

Full-Time _____ Part-Time _____

B. What is the average hourly wage for all full-time employees? _____

Is this above average county/regional wage yes No

C. Does the business provide health insurance for employees? Yes No

D. Please indicate other benefits provided by the business:

Dental insurance

Vision insurance

Life insurance

Short term and/ or long term disability coverage

401(k) plan and/or a pension plan

Other benefits- Please describe:

6. TRAINING PLAN

I. Training start date. _____

II. Training end date. _____

Note- Training plans can be written for a maximum of two years

III. **TOTAL UNDUPLICATED** number of employees to be trained. _____

LIST OF TRAINING ACTIVITIES TO BE PROVIDED

Complete the following chart for each training activity to be provided. Training activities include vocational and skill assessment and testing, consulting, evaluation, job-related training, etc. List each training activity. Include all direct costs associated with each item listed including trainer cost, equipment, materials, supplies, facility cost, transportation, meals, etc. **Do not include employee wages.** Attach a comprehensive description for each of the listed items. Insert the descriptions immediately following this page.

TRAINING ACTIVITY	TRAINING COST	# TO BE TRAINED	IN KIND MATCH
			VALUE OF WAGES & BENEFITS:
			VALUE OF FACILITIES:
			VALUE OF EQUIPMENT:
			VALUE OF SUPPLIES:
			OTHER:
			TOTAL IN-KIND MATCH
TOTAL TRAINING COST	10,000		

Total Training Cost	10,000
Admin. Costs 18.53% +	1,853
Total Project Cost equals	11,853
Company Cash Match *	2,964
IDED Award Amount equals (Maximum Award \$25,000)	8,889

Business contribution above minimum program match? Yes No

***If cash match is required, the company's cash match should total at least 25% of the**

total project cost (training costs plus administrative costs)

A. Explain why the business needs the training identified in the training plan?

B. How will this training contribute to the continued existence of the business?

C. What skills will the employees acquire from the training and how do the skills increase their marketability?

D. Is the average cost of training per employee comparable to the cost of training at Iowa Community Colleges or Universities? Yes No

If no, please explain:

E. The application documents that all considerations, including funding required to begin the training project, have been addressed. Yes No

7. ANTICIPATED TRAINING OUTCOMES

How will the business know that training has been successful? Please select **KEY** training outcomes that the business anticipates will occur when the training requested in this application is completed. Approximately nine months from the date of training completion, the business will receive a questionnaire to determine if the outcomes indicated below did occur.

TRAINING OUTCOME

			Current	Anticipated	Actual
<input type="checkbox"/>	I.	INCREASE WORKER PRODUCTIVITY (please select those that you want to measure)			
	<input type="checkbox"/>	Decrease worker absenteeism	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Decrease worker turnover rate	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Increased equipment utilization	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Reduced overtime	_____ \$	_____ \$	_____ \$
	<input type="checkbox"/>	Decreased downtime	_____ hrs	_____ hrs	_____ hrs
	<input type="checkbox"/>	Reduced material handling	_____ hrs	_____ hrs	_____ hrs
	<input type="checkbox"/>	Other	_____	_____	_____
<input type="checkbox"/>	II.	IMPROVE SAFETY (please select those that you want to measure)			
	<input type="checkbox"/>	Decrease on-the-job injuries	_____ #	_____ #	_____ #
	<input type="checkbox"/>	Decrease workers compensation claims	_____ #	_____ #	_____ #
	<input type="checkbox"/>	Other	_____	_____	_____
<input type="checkbox"/>	III.	INCREASE SALES (please select those that you want to measure)			
	<input type="checkbox"/>	Increase number of new customers	_____ #	_____ #	_____ #
	<input type="checkbox"/>	Increase number of repeat customers	_____ #	_____ #	_____ #
	<input type="checkbox"/>	Reduced warranty claims	_____ #	_____ #	_____ #
	<input type="checkbox"/>	Increase % of sales	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Improved customer survey ratings	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Improve on time delivery	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Other	_____	_____	_____
<input type="checkbox"/>	IV.	PRODUCTIVITY IMPROVEMENTS (please select those that you want to measure)			
	<input type="checkbox"/>	Increase capacity of machines	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Decrease scrap costs	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Decrease defects & rejects	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Reduce set up time	_____ %	_____ %	_____ %
	<input type="checkbox"/>	Decrease lead-time	_____ days	_____ days	_____ days
	<input type="checkbox"/>	Other	_____	_____	_____
<input type="checkbox"/>	V.	ACHIEVE CERTIFICATION (please select those that you want to measure)			
	<input type="checkbox"/>	ISO 9000/2000			
	<input type="checkbox"/>	TS 16949 (QS 9000)			
	<input type="checkbox"/>	ISO 14000			
	<input type="checkbox"/>	Baldrige			
	<input type="checkbox"/>	Other	_____	_____	_____
<input type="checkbox"/>	VI.	OVERALL ECONOMIC IMPACT (please select those that you want to measure)			
	<input type="checkbox"/>	Create new jobs	_____ #	_____ #	_____ #
	<input type="checkbox"/>	Retain jobs	_____ #	_____ #	_____ #
	<input type="checkbox"/>	Increase employee wages	_____ \$/hr	_____ \$/hr	_____ \$/hr
	<input type="checkbox"/>	Increase capital investment (bldg/land)	_____ \$	_____ \$	_____ \$
	<input type="checkbox"/>	Increase capital investment (machine/equipment)	_____ \$	_____ \$	_____ \$
	<input type="checkbox"/>	Estimated payback period on investment in this training			
		\$_____ mo's			
	<input type="checkbox"/>	Estimated ROI (% or \$) over the next 3 years (based on cost savings or increased profitability)			
		_____ Other	_____	_____	_____

8. ENVIRONMENTAL QUALITY

Iowa Administrative Code, Chapter 261, **Section 172**, requires that the following questions be addressed when applying for Iowa Jobs Training Program assistance:

1. Does this business or any individual, in connection with this business, generate **solid** or hazardous waste? yes no *If yes, an in-house audit must be conducted and a management plan developed to reduce the amount of waste generated, as well as to safely dispose of any waste produced.*

If such an audit and management plan has been developed within the last three years, submission of the audit and management plan with this application will suffice. If such an audit and management plan do not exist, an audit must be initiated prior to the disbursement of funds and a copy of the completed audit submitted within 90 days of disbursement of financial assistance.

In lieu of an in-house audit, the individual or business may request the Department of Natural Resources or the Iowa Waste Reduction Center to conduct the audit. A copy of the authorization for either of these agencies to conduct the audit must be submitted to the Iowa Department of Economic Development (IDED) prior to the disbursement of financial assistance. The individual or business must submit to IDED a copy of the completed audit within 30 days of its receipt.

2. Has this business or any individual, in connection with this business, been cited for any violation of state or federal environment statutes, regulations, or rules within the past five years? yes no
If yes, describe the violation(s) in detail and corrective action taken (if necessary, attach additional pages, including agency reports, etc.)

3. Has this business or any individual, in connection with this business, been referred by the Department of Natural Resources to the Iowa Attorney General for environment violations? yes no
If yes, describe the violation(s) in detail and corrective action taken (if necessary, attach additional pages, including agency reports, etc.)

4. **Has this business been cited for any violation of the law (federal or state) within the past three years?**

Note- Violations considered pending, or violations that are under appeal should not be considered when answering this question.

yes no

If yes, describe the violation(s) in detail and corrective action taken (if necessary, attach additional pages, including agency reports, etc.)

Individuals or businesses shall submit annual written reports upon written request from IDED detailing efforts and progress on saving energy and reducing waste until all conditions of financial assistance have been satisfied.

9. BUSINESS CERTIFICATION

I hereby give permission to the Iowa Department of Economic Development (IDED) to research the business's history and perform other related activities necessary for the reasonable evaluation of this application. I understand that all information submitted to IDED relating to this application is subject to the Open Records Law, Iowa Code Chapter 22 and that its confidentiality may not be guaranteed.

I HEREBY CERTIFY that this business is engaged in interstate or intrastate commerce for the purpose of manufacturing, processing, assembling products, or conducting research and development, or is a business providing services which has customers outside of Iowa.

I HEREBY CERTIFY that this business, within the 36 month period prior to the date of this application, did not close or reduce its employment base by more than 20 percent at any of its other business sites in Iowa in order to relocate substantially the same operation to another area of the state.

I HEREBY CERTIFY that this business is not currently involved in a strike, lockout, or other labor dispute at any of its business sites in Iowa.

I HEREBY CERTIFY that the employees who will receive training are currently employed by this business and that this business pays state withholding tax for them.

I HEREBY CERTIFY that the employees who will receive training are not replacement workers who were hired as a result of a strike, lockout, or other labor dispute.

I HEREBY CERTIFY that this business is an equal opportunity employer, which complies with all local, state, and federal affirmative action requirements.

I HEREBY CERTIFY that, to the best of my knowledge, the information contained in this application is accurate. The Iowa Department of Economic Development will deny financial assistance should it be determined that misrepresentations are made herein. If assistance has already been provided prior to discovery of the misrepresentation, it may form the basis for legal action(s) with the goal being recovery of funds.

I HEREBY AGREE to complete a performance report at the conclusion of training as well as a training goal achievement report one year from the date that training is completed.

Signature of Business Official

Date

10. COMMUNITY COLLEGE CERTIFICATION

The Community College certifies that the training needs of this applicant cannot be economically funded under Iowa Code Chapter 260E. This application is submitted with the approval of the Community College.

Signature of College Official

Date