



# Employed Worker Training Award Application

Complete and return this application to Polk Works WorkForce 2020 by sending it electronically to [workforce2020@polkworks.org](mailto:workforce2020@polkworks.org)

Company name: \_\_\_\_\_

Company website: \_\_\_\_\_

Physical address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ County: \_\_\_\_\_

Authorized company representative: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer Federal ID #: \_\_\_\_\_ Years in business at this location: \_\_\_\_\_

Is your company current on all State of Florida tax obligations?  Yes  No, if no explain on a separate page.

Total number of employees at this location(s): \_\_\_\_\_

Does your company have any immediate or future plans to downsize its workforce or to lay-off any of its existing employees, including the employees to be trained with this award?  No  Yes. If yes, please explain on a separate sheet of paper.

How did you hear about this award opportunity? \_\_\_\_\_

1. Describe the product(s) and/or service(s) of your company:

2. Describe in detail the proposed training project. Include descriptive information on the training being requested, the certification that will be received at successful completion and the training vendor that your company proposes to use.

3. Describe how this award will improve your company's competitiveness and effectiveness as well as provide opportunities for your employees to keep their jobs, advance within the company, receive a wage increase, and/or gain additional skills.

4. Please check at least one box in each of the two tables immediately below that accurately reflects the impact of the proposed training project.

<input type="checkbox"/> Will improve long-term wage levels for our employees that will be trained
<input type="checkbox"/> Will improve the short-term wage levels of our employees that will be trained
<input type="checkbox"/> Training will avert the need for the company to lay-off existing employees
<input type="checkbox"/> Training will improve the employees' opportunities to advance within the company
<input type="checkbox"/> Training will give the employees additional specific key occupational skills critical to their current job

<input type="checkbox"/> Will lower employee turnover in our company
<input type="checkbox"/> Critical to the short-term and/or long-term viability of our company
<input type="checkbox"/> Will increase the profitability of our company
<input type="checkbox"/> Will help prevent company from having to relocate operations
<input type="checkbox"/> Will improve our ability to be competitive in all our markets

5. Please identify any other potential impacts of this proposed training project by checking all applicable boxes below.

<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of the disabled
<input type="checkbox"/> Training involves a workplace literacy component	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will be an important component of our company's training efforts	<input type="checkbox"/> Will assist in the improvement of international trade efforts
<input type="checkbox"/> Will create _____ new jobs within our company and/or will save _____ jobs within our company	

6. Please provide the following information for those employees who will be trained using this award.

Job Title	# of employees	Type/name of training	Length of training in hours	Anticipated Training start date	Who will be Providing the Training?	Estimated cost of training per employee

Number of individual, unique employees that are proposed to be trained: \_\_\_\_\_

Will attendance and completion of this training be required of each employee selected for training?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Complete the following budget in as much detail as possible.

Budget category	Estimated cost per trainee	# of employees to be trained	Total estimated cost of training	Total \$ amount to be paid by PW	Total \$ amount to be paid by Employer
Tuition, textbooks, training materials, etc.					
Training equipment Purchase				EWT Award Cannot Fund	
Travel, Food, Lodging				EWT Award Cannot Fund	
Other Costs (describe in detail if you wish to propose that it be included in the award)					
<b>Total</b>					

I acknowledge my organization is eligible to compete for training funds according to the Employed Worker Training Awards Guidelines and that the information in this application is complete and accurate. I acknowledge that my organization has received a copy of the Employed Worker Training Award Guidelines. I understand that any awards of training funds may be withdrawn should information in this application be inaccurate or if my organization fails to utilize these funds within the approved timetable. I further understand that if my company fails to release the employee information required, this application can not be approved for funding. I also authorize Polk Works to announce and promote our company's receipt of this award and include our company name, the amount of the award, the number of employees to be trained, the type of training and our contribution to the training. I am an officer of the organization and authorized to commit this organization to the terms and conditions of this training funding opportunity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

For PW Office use only. Check one: <input type="checkbox"/> EWT <input type="checkbox"/> Targeted industry EWT <input type="checkbox"/> Working Families
BDM responsible: _____ NAICS Code: _____