

**NORTHEAST MINNESOTA OFFICE OF JOB TRAINING (NEMOJT)  
TALENT DEVELOPMENT PROGRAM  
APPLICATION**

**Section 1. Business Applicant Information**

Business Legal Name:	Parent Company Name (if applicable):	
Street Address:	Primary Business Contact Name:	
Street Address Line 2:	Business Contact Title:	
City/State/Zip:	Business Contact E-mail:	
Mailing Street Address (if different):	Business Contact Telephone:	
Mailing Street Address Line 2:	Minnesota Tax ID:	
Mailing Address City/State/Zip:	Federal Employer Identification Number:	
County:	Primary NAICS Code for Project Location:	
Website:	Date of Inception:	Years in Business:
<b>Legal Structure of Business:</b>		
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC <input type="checkbox"/> Government Entity <input type="checkbox"/> Other: _____		
Is your business receiving/applying for any other training funds? If yes, please list the name of the program or type of grant: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of grant:	Amount of award:	
Year award was received:	Year training was complete:	

Does the business have any outstanding local, state or federal tax liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Are there current or unsatisfied judgments or injunctions against the business or owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Is there current or pending litigation involving the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, attach summary and disposition.</i>	
Within the past five years, have there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal, or local government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, attach a copy of the violation(s), citation(s), or complaint(s), and the disposition of each.</i>	

## Section 2. Training Project Information

### Training Project Description

Description of the proposed training project which must include the following:

**1. Description of the educational/training being proposed**

**2. Training provider name:** \_\_\_\_\_

**3. Number of hours of proposed training:** \_\_\_\_\_ **4. Cost of instruction/tuition:** \_\_\_\_\_

**5. Cost of training:** \_\_\_\_\_ **6. Start and end date of the training:** \_\_\_\_\_

**7. Resulting credentials:** \_\_\_\_\_

### Section 3. Trainee Detail

*\*a form to list additional trainees or multiple training programs can be provided upon request*

Trainee Name	Date of Birth	SSN (last 4 digits)	Position Title	Current Wage	Dates of Training

### Section 4. Training Program Budget

Grant will not pay for costs in shaded areas; use in-kind or matching dollars.

A. Budget Category	B. Total Costs	C. Talent Development Program Funds Requested	D. Employer Contribution * (B-C)
<b>1. Instructor Fees/Per diem</b>			
<b>2. Tuition and fees</b>			
<b>3. Manuals/Textbooks</b>			
<b>4. Training Equipment Purchase</b> <i>(must be employer contribution)</i>			
<b>5. Other Costs</b> <i>(e.g., copies, DVDs)</i> a) _____ b) _____			
<b>6. Facility Usage</b> <i>(if some training takes place at company site)</i>			
<b>7. Travel, Food, Lodging</b> <i>(if some training takes place off site)</i>			
<b>8. Sub Total</b>			
<b>9. Trainee Wages/Benefits</b> <i>(if paid during training)</i>			
<b>10. Indirect Costs</b>			
<b>11. GRAND TOTAL</b>			

**\*Note: Businesses will be required to provide a portion of the training costs (e.g. instructors' wages, curriculum development, and training manuals/textbooks) dependent upon the size of the business/ number of employees: 50 or less employees = 10% contribution; 51 – 100 = 25%; 101+ = 50%**

Examples of employer contribution, ***in addition to the direct costs***, may include wages paid to trainees during the training period, equipment purchased to be used in the training project, manuals and textbooks, curriculum development, facility usage and travel.

## Section 5. Expected Outcomes

Describe the expected outcomes of the training, including measurable items, and describe the impact the program is expected to have on the business (i.e. averting layoffs, expansion, new product lines, new hires, etc.).

*\*Note: Businesses will be required to demonstrate increased wages for the trainee within one year of successfully completing training.*

## Section 6. Business Acknowledgement and Certification

### Data Privacy Acknowledgement

Tennessee Warning Notice: Per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for an award under the NEMOJT Talent Development Program. You are not required to provide the requested information, but failure to do so may result in NEMOJT's inability to determine your eligibility for an award. The data you provide is classified as private or non-public and cannot be shared without your permission except as specified in statute.

Data Privacy Notice: Per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non-public data. This includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans, income and expense projections, balance sheets, customer lists, income tax returns, and design, market, and feasibility studies not paid for with public funds.

### Business Certification

*I have read the above statements and agree to supply the information requested to NEMOJT, including reporting trainee wages within 12 months of the end of training, with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.*

Name of Business Official:

Title:

Email:

Phone:

Signature:

Date: