



**Delaware Economic Development Office**  
**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.

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

You are encouraged to contact the Workforce Development Center at (302) 739-4271 or (302) 577-8477 should you have any questions.

**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 [www.delawareworkforce.com](http://www.delawareworkforce.com) 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)

David Root  
Workforce Representative/Recruiter  
E-mail: [David.G.Root@state.de.us](mailto:David.G.Root@state.de.us)

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

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

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

# Delaware Economic Development Office Training Grant Application

## I. *Participating Company:*

A. Company Name:			
Street Address:	Mailing Address:		
City:	Zip:	County:	
<b>Federal Employer Identification #:</b>			
B. Company Contact for Training Grant Application: Name/Title:			
Phone:	Fax:	E-mail:	
Person Signing Letter of Agreement: Name/Title:			
Highest Level Official at Site: Name/Title:			
C. Parent Company Name:			
Parent Company Address:			
D. Union Affiliation (if applicable):			
Union Representative:			
Phone:	Fax:		
E. Do you or have you owned or controlled any other employing unit in Delaware? If yes, please provide the federal employer identification number of such entities.			
F. Does the company pay into the Unemployment Insurance (UI) fund? <input type="checkbox"/> Yes <input type="checkbox"/> No			
G. Are you a (check all that apply): <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Business Trust			
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Franchise <input type="checkbox"/> Other			
H. Brief Description of Business History and Product:			
I. Type of Training being requested:		Total full-time (35+ hours) employees to be trained:	
J. Business Status:	<input type="checkbox"/> New	<input type="checkbox"/> Expand	<input type="checkbox"/> Retain
K. Number of employees at this location:	Company-wide:	# of Years in Business:	
L. 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:*

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

**III. Training Needs Grid:**

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

**(PLEASE TYPE YOUR INFORMATION)**

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 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?	

**DO NOT  
COMPLETE  
THIS BLOCK AT THIS TIME**

**THE FOLLOWING INFORMATION WILL BE REQUESTED BY DEDO SIX MONTHS AFTER TRAINING CONTRACT PERIOD IS FINISHED:**

- Our business attained the results from the training program that are outlined in the needs grid above.

Yes     No

- Our employees are demonstrating skills learned from the training:     Yes     No

- Our training participants' wages were increased by \$ \_\_\_\_\_ after training.

If no, please explain:

**Company Name:**

**Signature:**

**IV. Needs Summary:**

Please provide a concise description of the 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.

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

- A. Amount of state funding assistance requested: \$
- B. Amount of company's matching contribution: \$
- C. Total estimated cost of training: \$
- D. Anticipated training start date: End date:
- E. Number of new hires to be trained:  
Reason: Expansion (new hires):\_\_\_\_\_ Attrition:\_\_\_\_\_ Other:\_\_\_\_\_ Date:\_\_\_\_\_
- F. Number of existing employees to be trained:
- G. Wage information: (all wage information to be calculated without benefits)  
Average hourly wage paid for employees before training: \$  
Average hourly wage for employees after training is completed: \$
- H. What benefits are provided for employees (please check all that apply):  
 Health Insurance    401K    Dental Insurance    Pension  
 Other Short Term Disability

**VI. Budget Summary:**

- A. Provide a statement of the program's total cost in the format shown on page 4, showing formulas for all calculations when applicable. Delaware's job training statute requires that the company provide support that, at a minimum, equals the amount requested from the state. Please develop your budget in the format shown on page 4.
- B. If applicable, submit letters of commitment for the company's matching funds and from any other entity participating in the funding of this training program.

**Budget**

*(Attach detailed breakdown of calculations)*

<b>Budget Item</b>	<b>Requested Funds</b>	<b>Company Contribution**</b>	<b>Total</b>
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>			

Common budget items are listed; however, include only those items that reflect the total cost of this training project.

- \* Receipts required for reimbursement.
- \*\* Match must pertain to this training program and have occurred within contract dates. Must be equal or greater than the Requested Funds total; otherwise, Requested Funds will be reduced to match Company Contribution.
- \*\*\* Training resources needed to complete program. Receipts required for reimbursement.

***VII. How did you hear about our services?***

***VIII. 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.

***IX. 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.

***X. Amendment Changes to Letter of Agreement:***

Once the Letter of Agreement is signed by all parties, changes must be preapproved and submitted in writing prior to implementation. Any changes made without prior approval, will not be considered part of the Agreement.

***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 \_\_\_\_\_ )

) ss

County of \_\_\_\_\_ )

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

[SEAL]

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

) ss

County of \_\_\_\_\_ )

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

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

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

[SEAL]

**Please return the completed Training Grant Application to the Workforce Development Center. In addition to faxing your application, please also mail original to:**

**Veronica Richardson  
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 \***

# Training Grant Application

## Client Check-off List

**(These items must be included in Training Grant Application Package)**

- Completed signed and notarized training grant application (if faxed or e-mailed, also mail original to: Attention: Veronica Richardson, 99 Kings Highway, Dover, DE 19901).
- Training grant proposal
- Copy of State Business License issued by the Division of Revenue , Delaware Department of Finance
- 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 Veronica Richardson – 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