



# JET - NORTHEAST MINNESOTA OFFICE OF JOB TRAINING TALENT DEVELOPMENT PROGRAM APPLICATION

NOTE: APPLICATIONS ARE REVIEWED ONCE PER MONTH WITH DECISION NOTIFICATIONS SENT VIA EMAIL BY THE 15TH OF EACH MONTH. FUNDING APPROVALS ARE VOID IF TRAINING BEGINS PRIOR TO ISSUANCE OF OFFICIAL APPROVAL LETTER.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

**Section 1. Business Applicant Information**

Business Legal Name:	Parent Company Name (if applicable):	
Street Address:	*Primary Business Contact Name (must be an employee):	
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:	Years in Business in Minnesota	# of Employees in MN
Legal Structure of Business:		
<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>	

*\*Primary contact will be responsible for coordinating enrollment and follow up activities with JET staff, including arranging group meetings to complete required paperwork and collecting necessary backup documentation.*

**Section 2. Training Project Information – ALL SECTIONS MUST BE COMPLETE TO APPLY**

**\*Each unique training program requested should be listed on a separate page\***

(contact Renee Prout [renee.prout@nemojt.org](mailto:renee.prout@nemojt.org) for additional training pages)

**Training Project Description**

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

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

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

**5. Cost of training per person\*:** \_\_\_\_\_ **6. Start/end dates of the training\*\*:** \_\_\_\_\_ to \_\_\_\_\_

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

*\*The Talent Development Program can only pay for those who complete training*

*\*\* Start date must be at least 30 days from the date of this application*

**Section 3. Trainee Detail (must be complete to apply)**

*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	Employment Start Date
<b>= TOTAL NUMBER OF FULL TIME (32+ hrs/week) EMPLOYEES TO BE TRAINED</b>						

*\* At least 51% of trainees must have been employed with applicant business for 6 months or more*

### 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)
1. Training Costs (tuition, instructor fees/per diem, etc.)			
2. Manuals/Textbooks			
3. Training Equipment Purchase (must be employer contribution)			
4. Other Costs (e.g., copies, DVDs) a) _____ b) _____			
5. Facility Usage (if some training takes place at company site)			
6. Travel, Food, Lodging (if some training takes place off site)			
7. Sub Total			
8. Trainee Wages/Benefits (if paid during training)			
9. Indirect Costs			
10. GRAND TOTAL			

**\*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.

**NOTE: THIS APPLICATION MUST BE SUBMITTED AT LEAST ONE MONTH BEFORE THE TRAINING START DATE**

## 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 JET Talent Development Program. You are not required to provide the requested information, but failure to do so may result in JET'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

- The TDP program will only pay for eligible and enrolled full time employees (32+hrs/wk) who complete training.
- The Primary Contact listed on this application will coordinate with JET to ensure completion of enrollment paperwork and collection of required documentation prior to training.
- This organization will report trainee wages to JET within 12 months of the end of training.
- Failure to adhere to program rules and procedures may result in partial or no payment and/or future ineligibility to apply for the Talent Development Program.

*I have read the above statements and agree to comply with all program rules and procedures with full knowledge of the information provided in this application. 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:

I have read the TDP policy:

YES

NO