



## INVITATION TO NEGOTIATE

### Targeted Sector Initiatives (TSI): To Promote Career Ladder, Business Retention & Skills Upgrade Training For Employed Workers 2017-2018 QUESTIONNAIRE

Organization Name:			
Street/Mailing Address:			
City:		ZIP:	County:
Organization Contact Person:			Title:
Phone:		Ext.	Fax:
Email Address:		Website Address:	
Alternate Contact:		Alternate Contact Title:	
Alternate Contact Phone:			
Alternate Contact Email:			
Date of Inception:	Years in Business:	Total # Full-time Employees at this location:	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Leased	<input type="checkbox"/> Other (please indicate)
Employer's Federal ID #:		Unemployment Comp ID #:	
<b>Dun and Bradstreet. #:</b>		Primary NAICS and or (SIC) Code:	
Is your company current on all State of Florida tax obligations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
The total amount your company will spend on training in 2017/2018			
Is your company receiving/applying for other public training funds?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, explain:			
If yes, please state the source(s) and \$ amount(s):			
Description of your business, product(s) and/or service(s):			
Amount of Grant Request from local CareerSource board:		Number of FT Employees to be Trained: (must be Florida residents)	
Training Start Date		Training End Date	
Training will be delivered: <input type="checkbox"/> On-site <input type="checkbox"/> At the training institution <input type="checkbox"/> At a remote location			

**Indicate industry sector that best fits your organization or type of training proposed**

SECTOR 1: Healthcare	
SECTOR 2: Manufacturing/Construction	
SECTOR 3: Information Technology	
SECTOR 4: Financial & Professional Services	
Apprenticeship: Any industry/sector	

## Proposed Training

Please provide the following information regarding the individuals and costs of the proposed training. **Insert additional rows as needed.**

	<b>Job Title of Individual(s) Receiving Training and Number per Job Title (Use 1 line for multiple trainees with the same job title)</b>	<b>Avg. Rate of Pay Pre-Training</b>	<b>Est. Rate of Pay Post-Training</b>	<b>Type of Training</b>	<b>Training Estimated Start Date (MM/DD/YYYY)</b>	<b>Training Estimated End Date (MM/DD/YYYY)</b>	<b>Issued/Recognized By:</b>	<b>Classroom/ Training Hours</b>	<b>Actual Cost of Training/Tuition per Individual</b>
1		\$	\$						
2		\$	\$						
3		\$	\$						
4		\$	\$						
5		\$	\$						
6		\$	\$						
7		\$	\$						
8		\$	\$						
9		\$	\$						
10		\$	\$						
11		\$	\$						
12		\$	\$						
13		\$	\$						
14		\$	\$						
15		\$	\$						

## **Participating Parties**

**Employer Respondents:** For each educational institution proposed to provide training, list the following information:

	<b>Training Provider Name</b>	<b>Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b>Institution Web Address</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Public Institutions of Higher Learning & Entities that carry out programs under the National Apprenticeship Act:** List the following information for each employer you expect to participate:

	<b>Business Name</b>	<b>Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b># of Employees Anticipated to Participate</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

## BUDGET

Category	Employer Contribution (A)	CareerSource Board Assistance Requested (B)	Total (A+B=C)
<b>Direct Training Costs:</b> Instructor Wages/Tuition inclusive of manuals/textbooks (50% maximum reimbursement, up to \$3,000 per individual)	\$ -	\$ -	\$ -
<i>Direct Training Costs Contribution %</i>	%	%	100%
<b>Additional Employer Leveraged Resources</b>			
<b>Curriculum Development</b>	\$ -		\$ -
<b>Training Equipment Purchase</b> ( <i>Must be employer contribution and cost prorated as a percentage for training time period.</i> ) Amount to be listed in dollars.	\$ -		\$ -
<b>Facility Usage</b> ( <i>If training takes place at company site</i> )	\$ -		\$ -
<b>Travel, Food, Lodging</b>	\$ -		\$ -
<b>Trainee Wages and Benefits</b>	\$ -		\$ -
<b>Subtotal</b>	\$ -		\$ -
<b>Indirect Costs</b>	\$ -		\$ -
<b>Total Employer Leveraged Resources</b>	\$ -		\$ -
<b>Total Direct Training and Leveraged Resources</b>	\$ -	\$ -	\$ -
<i>Total Training Costs Contribution %</i>	%	%	100%

\* Public Institutions of Higher Learning & entities that carry out programs under the National Apprenticeship Act will be required to gather and track employer contribution under the proposed project and present information prior to reimbursement for training activities.

## ANTICIPATED OUTCOMES

**Please check the boxes that apply to the anticipated outcomes of the proposed project.**

<input type="checkbox"/> Will improve the long-term wage levels of trainees	<input type="checkbox"/> Will improve the short-term wage levels of trainees
<input type="checkbox"/> Will create new jobs within our company	<input type="checkbox"/> Would help prevent company from having to relocate operations
<input type="checkbox"/> Will lower employee turnover in our company	<input type="checkbox"/> Critical to the long-term viability of our company
<input type="checkbox"/> Critical to the short-term viability of our company	<input type="checkbox"/> Will make this location more competitive within company
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will assist in the training of the disabled	<input type="checkbox"/> Will assist welfare to work participants
<input type="checkbox"/> Will increase the profitability of our company	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will be an important component of our company's overall workforce employee development efforts	
<input type="checkbox"/> Will assist in the improvement of international trade opportunities	

### ***Certification by Authorized Company/Institution Representative***

**The individual electronically signing the application below must have authority to enter into contracts on behalf of the applying organization/company.**

As an authorized representative of the company/institution listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

**Typing in your name serves as your electronic signature.**

Electronic Signature:	Date:
Name:	Title:
Email Address:	

*Based on the location of the company/institution making the application, completed Questionnaires should be sent via email to the appropriate workforce board.*

- **CareerSource Tampa Bay: Hillsborough County:** [EWT@careersourcetampabay.com](mailto:EWT@careersourcetampabay.com)
- **CareerSource Pasco Hernando: Pasco or Hernando County:** [EWT@careersourcepascohernando.com](mailto:EWT@careersourcepascohernando.com)
- **CareerSource Pinellas: Pinellas County:** [EWT@careersourcepinellas.com](mailto:EWT@careersourcepinellas.com)