

1. Business name as it would appear on contract
2. Parent company and address (if applicable) ___Address:
3. Present location
4. Is this the address of the expansion/relocation? If no, please provide the new address of the expansion/relocation.
5. County where the business is located
6. Is the company minority owned? Yes No If yes, please check the appropriate box:
 - Native-American owned African-American owned
 - Asian-American owned Women-owned
 - Hispanic-American owned Other minority-owned (specify):
7. Detailed description of business including industry information, history of business and projections of company. This should include complete information on the product or service that is exported, where the product or service is exported. ___ 8. Legal Structure of business unit: Sole Proprietor Partnership Corporation
9. FEID No. ___ Unemployment Compensation No.
10. Florida sales tax registration number:
11. Contact person responsible for application completion ___ Title:
12. Phone ___ Fax ___ e-mail address:
13. Business website address:
14. Primary NAICS (North American Industry Classification System) Code ___ **This number is assigned by Department of Labor to each business in Florida. Usually, the HR department or Tax officer has this number on file**
15. Will the business be expanding or locating in a rural area, brownfield area, or Enterprise Zone? Yes No If yes, please check the appropriate box.
 - Rural area Brownfield Area Empowerment Zone Enterprise Zone.
16. Is the training sought for: (Please check one) new Florida business;

17. expansion of existing Florida business; or relocation from one Florida community to another. **There are legal restrictions related to funds for relocation. Please contact the Quick Response Training staff for specifics.**
18. Is this a headquarters project? If a headquarters project, check the one that defines your project: regional, national, international headquarters, or national trade association headquarters.
19. Total number of existing employees at this site _____ .
Number of: full-time____, part-time____, temporary____, leased_____
20. Does the company provide benefits for all full-time employees? Yes No If yes, medical, sick leave, annual leave, retirement, other _____
21. Number of hours worked per week _____
22. Is there Capital Investment involved with this project: If so how much \$ _____
23. Number of new full-time jobs to be created within the next 24 months that are permanent, full-time employees and require customized training through this application _____
24. Requirements of potential employees: drug testing _____
hazardous materials handling _____
varied shifts _____
25. Has the business ever been subjected to criminal or civil fines and penalties? Yes No If yes, please explain: _____
26. Has the business received previous training services from the State of Florida? Yes No If yes, please describe. **____examples could be previous QRT or support from local regional board.**
27. Has the business received local or state financial support? Yes No If yes, please describe **____ (give type(s), amount(s), and date(s)) examples would be Enterprise Florida (QTI or local county / Economic Development Council**
28. How did you learn about the Quick Response Training Program?

Enterprise Florida
CareerSource Florida's website
Local economic development office
Another business
Press release
Other

CareerSource Florida is tasked to supply all Florida businesses with a qualified workforce. In doing so, Florida has developed training resources as well as tools to help employers and jobseekers connect. All of Florida's workforce services and resources are connected together under the "Employ Florida" umbrella brand.

Resources and services can be accessed at local One-Stop Centers throughout the state. The One-Stop Centers, administered by local regional workforce boards, provide many valuable services without fees to the employer. Some of these services are: applicant assessment and screening; referral of qualified job applicants; access to national, state, and local employment data and labor market information; on-the-job training; and customized training.

Resources and services can also be accessed at the Employ Florida Marketplace, a powerful online tool, located at www.EmployFlorida.com. The Employ Florida Marketplace enables registered employers, without leaving their desk, to create, post, and manage job openings, maintain a database of potential candidates and access information about training grants and other opportunities to aid in creating new jobs and upgrading the skills of their current staff. To learn more you may visit the Employ Florida website as a guest at any time.

If your application is approved, you will be required to register at the Employ Florida Marketplace and post your new hire positions online or through the local One-Stop Center. You can locate the One-Stop Center closest to your company by visiting the Employ Florida Marketplace at www.EmployFlorida.com and choosing "Locate your local affiliate".

Part I completed by:

To the best of my knowledge, the information included in this application is accurate:

(Signature of Authorized Officer)

(Name)

(Title of Authorized Officer)

(Date)

Please provide the name, title and contact information of the company personnel who will be responsible for processing the required monthly reports and payment reimbursement requests.

(Name)

(Title)

(Address)

(Telephone)

(email)

PART II

TRAINING SUMMARY*

1. Name of training provider
2. Projected training start date ___ Projected training end date ___ (Must start after the approval date of the grant)
3. Location(s) of training
4. General overall description of training program
5. General overall objectives of training program

Name of training course:

Brief description of training course:

Training Provider is: **(Choose one or more)**

- Public training institute
- Private Training Institute Company
- employee
- Private Instructor

Training will be delivered: **(Choose one or more)**

- On-site
- At the training institute
- At a different site

**To be completed for each training course*

Training Program Budget

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget timeline.

A. BUDGET CATEGORY	B. TOTAL COSTS	C. QRT FUNDS REQUESTED	D. EMPLOYER CONTRIBUTION (B-C)
1. Instructor Wages/Tuition Required Field			
2. Curriculum Development			
3. Manuals/Textbooks			
4. Facility Usage (if some training takes place at company site, then Required Field)		Cannot fund with QRT grant	
5. Training Equipment Purchase (must be employer contribution)		Cannot fund with QRT grant	
6. Travel, Food, Lodging		Cannot fund with QRT grant	
7. Trainee Wages Required Field (including benefits)		Cannot fund with QRT grant	
8. Other Costs (i.e. copies, DVD's,)		Cannot fund with QRT grant	
9. Sub Total			
10. Indirect Costs			
11. TOTALS Required Field			

PART III

STATE FISCAL MANAGEMENT*

1. Name of fiscal agent:
2. Address City, State Zip
3. Name to appear on contract for signature
4. Contact person responsible for monthly reports Job Title: Phone number
e-mail address
5. FEID number

***REQUIRED BY FLORIDA STATUTE 288.047(3)**