

SECTION I

_____ Letter from business to CareerSource Florida requesting training funds

_____ Part I completed and signed by company authorized personnel

_____ Part II completed and signed by the training provider

_____ Part III completed by the state fiscal management entity

SECTION II

_____ Budget page

_____ Wage information form

_____ Student contact hours form

_____ Key training personnel participating in the training program and qualifications of such personnel

_____ Projected hiring timeline - not to exceed twenty-four (24) months

SECTION III

_____ Letter(s) of endorsement from the authorized local economic development organization(s) addressed to CareerSource Florida

_____ Letter(s) from local educational entity certifying that courses are not available at the local level

_____ Letter from local Regional Workforce Development Board acknowledging assistance offered and describing services available to business

PART I

EMPLOYER IDENTIFICATION

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*

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 _____
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Part III prepared by:

(Signature of Authorized Officer)

(Name)

(Title of Authorized Officer)

(Date)

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