



99 Kings Highway, Dover, DE 19901  
(302) 739 4271  
business@state.de.us

## Workforce Training Grant Application

The Delaware Division of Small Business offers Workforce Training grants that help fund customized training for eligible Delaware entities. The objective of the program is to attract and retain quality jobs to the State of Delaware, as well as create opportunities for advancement for Delaware employees.

Applicants for Workforce Training grants must be able to demonstrate a business need for the training. Training programs should be related to new and innovative processes or programs, machinery, or technology-related upgrades. Training projects that create new jobs within the State will be given priority.

Completed applications for Workforce Training grants may be submitted to **business\_finance@state.de.us**. Original copies should be sent to:

Division of Small Business  
Attn: Business Finance  
99 Kings Highway  
Dover, DE 19901

The Division will use the Workforce Training Grant Assessment Form to ensure that all grants are evaluated consistently. Grant applications will be evaluated in the order in which they are received. All decisions on grant funding will be communicated to the applicant within 45 days. Training programs cannot begin until a fully executed contract exists; the Division will not fund programs retroactively.

Once funding is exhausted under the Workforce Training grant program no other applications will be accepted. If additional funding is received for the program, applicants must submit a new application in order to be considered for a Workforce Training grant.



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<b>Legal Name of Applicant</b>		<b>DBA (if applicable)</b>	
<b>Applicant Street Address</b>			
<b>Applicant Billing Address (if different)</b>			
<b>Tax Identification Number</b>		<b>Delaware Business License</b>	
<b>Business Structure</b>			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/>	<input type="checkbox"/> C-Corp	
<input type="checkbox"/> General Partnership	<input type="checkbox"/>	<input type="checkbox"/> LLC	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/>	<input type="checkbox"/> Non-Profit	
<input type="checkbox"/> S-Corp			
<b>Date Business Established (mm/yyyy)</b>		<b>State of Incorporation</b>	
<b>NAICS Code</b>		<b>Industry</b>	
<b>Annual Revenue</b>		<b>Number of Full-Time Employees</b>	
<b>Project Contact</b>			
<b>Name</b>		<b>Title</b>	
<b>E-mail</b>		<b>Phone</b>	

Media Contact			
Name		Title	
E-mail		Phone	
<b>MWVBE Status</b>			
<input type="checkbox"/> Minority Owned <input type="checkbox"/> Women Owned <input type="checkbox"/> Veteran Owned			
<b>Management/Ownership</b>			
<input type="checkbox"/> Private <input type="checkbox"/> Public (Ticker Symbol: _____) <input type="checkbox"/> Subsidiary (Parent Company: _____) <input type="checkbox"/> Other (Explanation: _____)			
Name/Title	Tax ID*	% Ownership	Address

\*This data used for internal purposes only



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<b>Grant Funds Requested</b>			<b>Company's Match</b>	
<b>Training Course Requested</b>				
<b>Anticipated Start Date</b>			<b>Anticipated End Date</b>	
<b>Number of Employees to be Trained</b>			<b>Business Reason for Training</b>	
<b>New</b>	<b>Existing</b>	<b>Total</b>		
<b>Training Provider</b>				
<b>Primary Contact at Training Company</b>				
<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>	
<b>Average Hourly Wage of Trainees</b>			<b>Anticipated Average Wage after Training</b>	
<b>Does the applicant currently provide benefits to employees?</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>Does the applicant have a union affiliation?</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide contact information below				
<b>Name</b>			<b>Phone</b>	
<b>Does the applicant pay into the Unemployment Insurance Fund?</b>				
<input type="checkbox"/> Contributory <input type="checkbox"/> Reimbursable <input type="checkbox"/> N/A				



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**Does the applicant own or control any other employing unit in Delaware?**

- No
- Yes – Explain below

**Explanation**

**Please explain the business need for the training program.**

**What metrics will the applicant use to evaluate the success of the training program?**

**The following documents must be attached to this application:**

- Proposal from training company
- Copy of Delaware Business License
- Proposed training budget (with supporting documentation)

<b>Has the applicant or any person listed on Form 1A:</b>		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Been the subject of, or party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution, or civil litigation by any federal or state agency administering, or private person seeking relief under, state or federal statutes, regulations, or rules governing collective bargaining, hours of labor, working conditions, industrial hygiene and safety, minimum wage standards, discrimination in wages, child labor, unemployment insurance, workers' compensation or other labor law matters?
<input type="checkbox"/>	<input type="checkbox"/>	Been the subject of or a party to any formal or informal inspection, inquiry, investigation, administrative proceedings, criminal prosecution
<input type="checkbox"/>	<input type="checkbox"/>	Been the subject of, or a party to, any formal or informal inspection, inquiry, investigation, administrative proceeding, criminal prosecution or civil litigation by any state or federal law enforcement, regulatory or administrative agency for the criminal or civil violation of any federal or state statute, regulation, rule or the terms of any license or permit issued by a federal or state agency, including the failure to hold such a license or permit?
<input type="checkbox"/>	<input type="checkbox"/>	Been the defendant in any civil litigation in which any type of fraud, misrepresentation, unfair or deceptive trade practices were alleged?
<input type="checkbox"/>	<input type="checkbox"/>	Been debarred or suspended from contracting with any state or federal agency or from receiving financial assistance from any state or federal agency?
<input type="checkbox"/>	<input type="checkbox"/>	Been denied any license or permit or had any license or permit revoked or suspended by any federal, state or local agency or governmental body?
<input type="checkbox"/>	<input type="checkbox"/>	Been convicted of a crime?
<input type="checkbox"/>	<input type="checkbox"/>	Filed a voluntary petition in bankruptcy or had an involuntary petition in bankruptcy filed against the Applicant, in any bankruptcy court, or been subject to any other state or federal insolvency or receivership proceedings?
<input type="checkbox"/>	<input type="checkbox"/>	Been an owner or manager of a manufacturing facility that was designated as a chronic violator by the Delaware Department of Natural Resources & Environmental Control?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a family member who is currently employed in either the Delaware General Assembly and/or Executive Branch? Family member is defined as sibling, parent, aunt, uncle cousin or second cousin. If so by: _____



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Certifications and Notarization to Applicants

CERTIFICATION -- Eligibility for financial assistance from the Delaware Economic Development Authority is determined by the information presented in this application and in the required exhibits and attachments. Any change in the status of the proposed project from the facts presented herein could disqualify the project.

To the extent permitted by Delaware's Freedom of Information Act, all information contained in this application or obtained by the Authority in investigating or considering this application will be kept confidential, except for disclosure to the staff and attorneys of the Authority and the Delaware Division of Small Business ("DSB").

I, the undersigned, being duly sworn upon my oath say:

- 1. The Applicant as listed is the recipient of the funds.
2. The Applicant hereby agrees, if this application is approved, to comply with all federal, state, and local laws affecting the grant to be issued and the operation of the proposed project.
3. The Applicant hereby agrees that any officers, employees, agents or attorneys of the Authority or the Delaware Division of Small Business ("DSB") 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 DSB or the Authority staff or attorneys in evaluating Applicant's application for assistance.
4. This application, with all attachments & exhibits, is the product of diligent and reasonable investigation that I have either overseen or been personally involved.
5. I have carefully read this application, including all attachments and exhibits, and the information contained in this application, including all attachments and exhibits, is true, accurate and complete to the best of my information and belief.
6. I am a director or officer acting within the scope of my employment and authorized to act on behalf of the Applicant.
7. I understand that if I have intentionally made a false statement in this application, or someone else has made a false statement herein that I know or believe to be false, I am subject to criminal prosecution. Further, the Authority, at its option, may terminate its financial assistance.
8. That the information reported herein is true, accurate and complete. I understand that these reports are made in support of claims for government funds.
9. I understand the Authority may also require the following:
A. Appraisals on real property and/or machinery and equipment. (Appraisers acceptable to the Authority)
B. An environmental analysis - Phase I.
C. Accounts receivable aging.
D. Accounts payable aging.
E. Bank loan exception letters.
F. Financial information to be prepared by a CPA acceptable to the Authority.
G. Additional information as determined by Authority staff.

Name of Applicant (Business)

Signature of Representative of the Applicant Title Date Signed

Notary Information

State of County of
Signed and sworn (or affirmed) before me on: by
(Representative of Applicant, not Notary)

[SEAL] Name of Notary Public Commission Expiration Dates