



99 Kings Highway, Dover, DE 19901
(302) 739 4271
business@delaware.gov

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 create quality job advancement opportunities for the existing workforce by enhancing skills, knowledge, and capabilities.

Applicants for Workforce Training Grants must be able to demonstrate a business need for the training. Funding can be used towards various upskilling courses that include but are not limited to technical skills, soft skills, and leadership coaching. A list of ineligible expenses can be found later in this packet.

Completed applications must be submitted via PDF to business_finance@delaware.gov. An email acknowledging receipt will confirm a successful submission within 24 hours.

The Division will utilize the [Training Grant Assessment Form](#) to ensure that all applications are evaluated consistently. Decisions on grant funding will be communicated within 45 days upon receipt by email. Please note that training programs cannot begin until a fully executed contract exists and that no programs will be funded retroactively.

Once grant funding is exhausted for the fiscal year no other applications will be accepted.



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Matching:

The Workforce Training Program require a 1:1 match of eligible costs. Expenses that can contribute to a company's match are listed below. The maximum award amount is \$100,000 per grant and grantees may only have one application at a time. Training may not commence until a grant agreement has been fully executed by both sides. **To be eligible for this program the applicant must pay into the Unemployment Insurance Fund and be compliant.**

Expenses Not Eligible for Reimbursement:

- Employee-salaries*
- Rentals *
- Catering
- Table/Chairs
- Room Rental – \$150 a day can be used on the matching side
- Promotional items
- Equipment (Example: Some companies have requested iPads for their employees to complete the course and keep after)

*The starred items may be used as the employer's matching expense.



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

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MWVBE Status			
<input type="checkbox"/> MBE: Minority-Owned Business WBE:			
<input type="checkbox"/> Woman Owned Business			
<input type="checkbox"/> VOBE: Veteran-Owned Business Enterprise			
<input type="checkbox"/> SDVOBE: Service-Disabled Veteran-Owned Business			
<input type="checkbox"/> IWDBE: Individuals with Disabilities Owned Business Enterprise			
Management/Ownership			
<input type="checkbox"/> Private <input type="checkbox"/> Public (Ticker Symbol: _____) Subsidiary (Parent Company: _____) <input type="checkbox"/> Other (Explanation: _____)			
Name/Title	Tax ID*	% Ownership	Address
Grant Funds Requested		Company's Match	
Training Course Requested			
Anticipated Start Date		Anticipated End Date	

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Training Provider			
Primary Contact at Training Company			
Name	Title	Email	Phone
Average Hourly Wage of Trainees		Anticipated Average Wage after Training	
Does the applicant currently provide benefits to employees?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the applicant have a union affiliation?			
<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide contact information below			
Name		Phone	

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Does the applicant own or control any other employing unit in Delaware?	
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes – Explain
Which Regional Business Manager assisted you with your application	
Please submit a separate document explaining the following 3 questions in detail:	
<ul style="list-style-type: none"> • What is the business need for the training program? • What metrics will be used to evaluate the success of the program? • How will the training impact both the employees and the company? 	
The following documents must be attached to this application:	
<input type="checkbox"/>	A proposal from the training company (detailed syllabus)
<input type="checkbox"/>	Copy of Delaware Business License
<input type="checkbox"/>	Proposed training budget (with supporting documentation)
<input type="checkbox"/>	An Excel List that includes Training Participant, Position Title, Hourly Salary, and Number of Weekly Hours

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Answering "Yes" to any of the questions below does not automatically disqualify an application. Those who have been convicted of financial crimes are not eligible to apply for the WORKFORCE grant.

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?
		Been convicted of a crime? (check to left) If yes, was it a financial crime? Y/N? _____
<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? If so, please list their name and department _____

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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. The Applicant further agrees to comply with all of the terms of the Agreement that governs the financial assistance. As part of this agreement, the Applicant agrees to use its best efforts in good faith to meet all employment projections set forth herein and to give the first opportunity of employment to qualified Delaware residents for all unskilled and semi-skilled workers employed by the applicant. The Applicant agrees to report to the Authority, no later than June 30 of the year following the start of its operation of the project, the total number of its unskilled and semiskilled employees and the number of its unskilled and semi-skilled employees who were residents of Delaware at the time of their employment.
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.

Signature of Representative of the Applicant

Title

Date Signed

Notary Information

State of _____

Signed and sworn (or affirmed) before me:

[SEAL] _____

County of _____

by _____
(Representative of Applicant, not Notary)

Name of Notary Public

Commission Expiration Dates