

**South Dakota
Workforce Development Program
Application
Rev August 2013**

Business Information

Name of Business _____

Address _____

City _____ **State** _____ **Zip** _____

Name of Authorized Official _____

Position _____

Type of Industry _____

Current Number of Employees (South Dakota only) _____

Coordinating Agency Information (if applicable)

Name of Coordinating Agency _____

Address _____

City _____ **State** _____ **Zip** _____

Contact Person _____

Phone _____ **Fax** _____

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Name _____ **Date** _____

CONFIDENTIALITY STATEMENT

South Dakota Codified Laws 1-16G-11(BED); 1-16B-14.1(EDFA); DOCUMENTARY MATERIAL CONSISTING OF TRADE SECRETS EXEMPT FROM DISCLOSURE - Any documentary material or data made or received by the applicable board or the GOED for the purpose of furnishing assistance to a business, to the extent that such material or data consists of trade secrets or commercial or financial information regarding the operation of such business, may not be considered public records, and shall be exempt from disclosure pursuant to the provisions 1-16G-3 to 1-16G-11 inclusive or other applicable law. Any discussion, consideration of, or action upon such trade secrets or commercial or financial information by the applicable board may be done in executive session closed to the public, notwithstanding the provisions of the open meeting laws of this state.

Please NOTE that except for loan applications made to the Board of Economic Development, the name of the applicant, the location of the applicant, the grant or loan amount and the number of persons to be employed or trained are not confidential. Once an application is approved, the name of the company, the location of the company, the grant or loan amount and the number of employees to be employed or trained is not confidential.

Return application to:
Governor's Office of Economic Development, 2329 N. Career Ave., Suite 221, Sioux Falls, SD 57107
e-mail: ann.gesick-johnson@state.sd.us Fax: 605.367.4519

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Project Information

Management Contact _____

Phone _____ **Email** _____

Address of Project Site _____

Total Number of Workers to be Trained

New _____ **Current** _____

Anticipated Training Dates _____

(Cannot begin prior to application submission)

<u>Occupational Title</u>	<u>Number of Workers</u>	<u>Starting or Current Wage</u>	<u>After Training Wage</u>
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Average Wage at Placement _____

Total Funds Requested (from budget) _____

Grant Per Participant (Total funds/Number of trainees) _____

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Budget Detail

To be allowable a cost must be necessary and reasonable for proper and efficient administration of the program and be allocable to one of the budget categories. There are four cost categories. Provide supplemental information regarding budget line items for each cost category. Grants are based on one-half the total training costs. Definitions for the categories and examples are found on the next page.

	Total
Wages and Benefits	
Wages	
Consultant	
Benefits	
Equipment and Consumable Supplies	
Equipment	
Consumable Supplies	
Other	
Building Rental	
Travel	
Total	

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Budget Detail Continued

Wages and Benefits

- Wages may be included for those individuals who are directly involved in training and can include both the trainer and trainee wages.
 - Identify each position by title and for each position identify the total hours of training, the hourly rate of reimbursement and the total cost.
Example: Welding Instructor 40 hours @ \$20/hr = \$800
- Consultants are third-party providers who provide training.
 - Identify the hours of service, the hourly rate of reimbursement, and the total cost.
- Benefits
 - Identify the total amount of the benefits and how the benefits were calculated.
Example: Benefits 15% of \$800 = \$120

Equipment and Consumable Supplies

- Equipment is defined as having a usable life of 3 years or more.
 - Identify each piece of equipment that will be used, the fair market rent or lease rates, and the number of hours the equipment will be used.
Example: Welding machines 3 machines @ \$100/wk for 1 week = \$300
- Consumable supplies are defined as materials, supplies or equipment that have a useful life of less than three years. Materials and supplies may include textbooks and films.
 - Identify the consumable supplies you will be using and their value.
Example: Steel 300 lbs @ \$0.25/lb = \$75

Other

- Building rental/utilization includes rooms or facilities used in the provision of classroom or laboratory training.
 - Calculations for room rent can include the square footage of the room, the frequency of usage, monthly rental cost for a similar room, utility costs for heating and light, and/or the prorated share of the actual monthly lease.
Example: Building Rental 40 hours @ \$7/hr = \$280
- Travel includes the costs for the following activities conducted in the performance of the contract: use of personal automobiles, use of state-owned automobiles, lodging, and per diem at state-approved rates. Only travel that is directly associated with the project is allowable.
 - Include details on rates, mileage, and the number of meals and nights associated.
Example: Mileage 170 miles @ \$0.20/mile = \$34
 Lodging 5 nights @ \$35/night = \$175

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Program Narrative

Please provide complete information to answer the following questions. Please retype the question and follow it with the response.

1. Give a detailed description of the project plan.
The description should include, but is not limited to, the following details:
 - Need for the project
 - Recruitment and selection of trainees
 - Employer contributions to the project (financial and other)
 - Assessment methods before, during, and after training
 - Objectives to be achieved
 - Skills to reach objectives
 - Time frame (starting & ending dates, number of hours)
 - Training sites
 - Training methods (on-the-job, classroom, laboratory)
 - Training provider
 - Necessary credentials or licensing for the trainee
 - Adaptations to production schedule during training

2. Describe the prospects for re-employment in the industry/occupation.

3. Describe the employer's record of worker layoffs during the last five years.

4. Does the employer have a collective bargaining agreement? What is the union's position on the project?

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Wage & Benefits Package

Please describe how your wage progression process works (i.e.: frequency of performance reviews, opportunity for wages increases)

Please check which benefits you provide and the percentage that is covered by the company.

Insurance

- Health Insurance - _____% premium covered by company
- Dental Insurance - _____% premium covered by company
- Life Insurance - _____% premium covered by company
- Vision Insurance - _____% premium covered by company
- Accidental Death and Dismemberment - _____% premium covered by company
- Long-term Disability Insurance - _____% premium covered by company
- Short-term Disability Insurance - _____% premium covered by company
- _____

Retirement/Bonuses

- 401(k) or retirement plan- _____% company match
- Stock Options
- Profit Sharing

Leave

- Paid Holidays
- Paid Vacation
- Paid Sick Leave
- Paid Time Off
- Bereavement Leave

Other

- Employee Assistance Program
- Tuition Reimbursement Program
- Flexible Spending Account
- Product Discounts
- Safety Equipment
- Health club membership or discount
- _____
- _____