



## **Grant Application and Approval Process**

The granting process is as follows:

1. Call the DED Training Coordinator to determine funding availability (402-471-3111 or 800-426-6505)
2. Complete and file the application form with DED
3. Internal review of application by three-person review team
4. Decision (and notification) regarding participation/non-participation by the state in the training project, including the amount per trainee, within two weeks of receiving a completed application with all required information
5. Meeting with business to review contents of the grant agreement

## **Post-Selection Performance Requirements**

1. **Contract:** The contract will contain the following sections:
  - Business' training obligations for the project
  - State funding approved and requirements for use of those funds
  - Time of Performance for the training
  - Reimbursement schedule
  - Commitment by the business to create/retain/upgrade the number of new jobs agreed upon, and maintain those positions for 24 months following the training period
  - Business reporting requirements
  - Any special terms and conditions to the project established by DED
  - Accounting, auditing, conflict of interest, political activity, and civil rights requirements
  - Non-compliance definitions and penalties
  - DED monitoring provision
  - Penalties for non-performance
2. **Performance Requirements:** DED will review progress on the training project as needed, with at least one monitoring visit prior to final grant reimbursement. A mid-point report and a final report on the project will be required by the business on forms provided by DED. The review will assure the following:
  - a. positions which job training funds were granted still exist
  - b. positions to be trained are all filled
  - c. employees are receiving the wages and benefits agreed to in the contract



## JOB TRAINING GRANT APPLICATION FORM

1. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Location of this project: \_\_\_\_\_  
Date of Application: \_\_\_\_\_
  
2. Principal product(s) manufactured or service(s) provided by your business at the facility for which training assistance is being requested:  
  
\_\_\_\_\_  
  
\_\_\_\_\_
  
3. Percent of products or services that are sold from this site to purchasers outside Nebraska:  
  
\_\_\_\_\_ %
  
4. Purpose of the training grant request:  
  
\_\_\_ Training for existing employees  
\_\_\_ Training for new start-up employees
  
5. **Attach** a description of the capital investments/expenditures related to this training project, such as the purchase of new or upgraded equipment or technology, expansion of physical plant, new product lines or services, etc. Include a description of the investments and the costs involved.
  
6. Number of existing employees at this project site on date of application:  
  
\_\_\_\_\_ Full time    \_\_\_\_\_ Part time

# NEBRASKA *Advantage*

7. Total number of full-time jobs to be trained due to this project:

\_\_\_\_\_ New full-time jobs to be created

\_\_\_\_\_ Full-time jobs to be upgraded

8. **Attach** a description of the training to be provided for each new position, the time involved for each, who will conduct the training, where the training will occur, and the associated costs.

9. Approximate starting and ending dates for this training:

\_\_\_\_\_ Starting date \_\_\_\_\_ Ending date

10. Complete the following table:

JOB TITLE	JOB DESCRIPTION	NEW FULL TIME HIRES BEING TRAINED	EXISTING FULL TIME POSITIONS BEING TRAINED	HOURLY STARTING WAGE	EXPECTED WAGE AFTER TRAINING

11. **Attach** a description of the fringe benefits paid for by the company including health insurance, life insurance, retirement plan, dental insurance, tuition insurance and/or any other. Also, as a summary, show the percent of the cost paid by the business for each of the following (from 0% to 100% for each):

\_\_\_\_\_ Health insurance

\_\_\_\_\_ Dental insurance

\_\_\_\_\_ Retirement plan

\_\_\_\_\_ Tuition assistance

\_\_\_\_\_ Life insurance

12. The total of the above benefits that are paid for by the business represent what percent of the hourly wage per employee to be trained: \_\_\_\_\_%

13. Check any of the following that your business provides to employees (check only those that apply):

\_\_\_\_ Vacation leave

\_\_\_\_ Sick leave

\_\_\_\_ Holiday leave

\_\_\_\_ Funeral leave

\_\_\_\_ Military leave

13. **Attach**: additional information about the project, including the following:

a. How long the business has been in operation

b. The business-related reason, noted above in #4, for which training funds are being requested

c. Other assistance being provided to this project by the community, state or federal sources, including dollar amount and description of each

**Send the completed Application Form to:**

Job Training Coordinator  
Neb. Department of Economic Development  
P.O. Box 94666  
Lincoln, Nebraska 68509-4666  
Fax number: (402) 471-8405  
Email to: [bob.doty@ded.ne.gov](mailto:bob.doty@ded.ne.gov)