

Section A: Grant Application

The **WorkInvestNH** application can be filled out and saved on your desktop. Email your complete application and attachments as a single PDF document to: jobtrainingfund@nhes.nh.gov or mail or hand-deliver one complete application and attachments to:

NHES
ATTN: WorkInvestNH
45 South Fruit Street
Concord, NH 03301-5791

Company Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Company Contact _____ Title _____

Contact Email _____ Contact Phone _____

FEIN/Tax ID _____ Type of Business _____

(LLC, Corporation, etc.)

What is the number of employees in the NH Facility? _____

How many individual employees are to receive training? _____

Briefly describe the Company products and/or services

Has the Company been awarded a **WorkInvestNH** Grant in the past? Yes No

If yes, has the Company completed a Final Evaluation? Yes No

Has any training been provided in the past two years? Yes No

If yes, how many employees were trained? _____

If training was provided, list the training vendors used _____

If training was provided, list the courses offered _____

Section B: Training Summary

Provide summary information below for each proposed training course. A proposed training form and written quote from the training vendor(s) must be submitted for **each** course - and in order - listed below.

List the training courses your company wishes to offer, in order of priority

Total number of unique employees to be trained: _____

Training Vendor Name _____

1 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

2 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

3 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

4 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

5 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

6 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

7 Training Program _____

Grant Share _____ Company Share _____

TOTAL GRANT SHARE _____ TOTAL COMPANY SHARE _____

WorkInvestNH

Section B: Proposed Training, Course # _____

Complete a proposed training form for **each** training course, and include an itemized quote from the training vendor. List only **one** course on this worksheet; download additional copies of this form as needed.

*The **WorkInvestNH** rules require that costs be itemized and that funds not supplant Company training funds.*

TRAINING VENDOR INFORMATION

Training Vendor Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone Number _____ Website _____

Training Course/Type of Training _____

Training Course Title _____

Describe how this training program will train employees to implement new skills and/or technologies that will benefit them, the Company, and the economic development of New Hampshire.

What certifications, credentials, or credit will the employees earn? _____

Please provide the salary range for each classification of employee attending this training (Production Line, Supervisor, Management, etc.) and describe how this training will create opportunities for advancement for the employees involved.

Desired Training Start Date _____ Training End Date _____

