



Workforce Development Board
60 Central Ave., Rm B38, Cortland, NY 13045
Contact: Amy Buggs
607-753-5071

Business Application for Customized Training

CAYUGA COUNTY

Employment & Training Department
199 Franklin Street, Suite 204
Auburn, NY 13021
(315) 253-1590

CORTLAND COUNTY

Office of Employment & Training
99 Main Street
Cortland, NY 13045
(607) 756-7585

Instructions: Please complete all items on this application. To facilitate your review, please prepare this application electronically, if possible.

Part I. Business Information

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

FEIN: _____ NAICS: _____ DUNS: _____

Previous Name of Business, if any: _____

FEIN, if different: _____

Business Contact Person

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Company Details: (please circle one)
Manufacturing Technology Retail Health
Construction Finance/Insurance Communications Other

Company Description: _____

1. Business Background

- a. Has your company relocated from another area in the U. S. within the last 120 days?
If so, were there any employees laid off at that former location?
- b. How long have you been in business in this area?
- c. How many full-time employees do you have?
- d. Are any employees on layoff currently?
If so, how many employees and in what job titles?
- e. Have any WARN notices been filed within the past year?
- f. Has your business sought WIOA/TGAA or other assistance in connection with past or impending job losses at other facilities during the past year?
- g. What job titles/job descriptions are you seeking to fill with Customized Training trainees? (use the job description form provided – can attach existing job descriptions in lieu of completing job description section in the form)
- h. Are jobs expected to last a year or more in the normal course of business?
- i. Are all job openings in New York State? Yes No
- j. Are any of the jobs considered for a Customized Training candidate classified as “independent contractor” positions, or would individuals not be employed by your firm during the entire training period?
- k. Are any of the jobs covered by a collective bargaining agreement?
(If so, we will need to obtain a letter of concurrence from the union(s))
- l. Is your business currently engaged in any labor disputes with a labor organization?
- m. Do any of the jobs pay based upon commissions, tips, piece work or incentives?
If yes, please explain.
- n. What percentage of previous trainees, over the last two (2) years, have completed training and been retained by your firm?
 - Number of Customized Training trainees:
 - Number of Customized Training employees retained:
 - Percentage retained:
- o. Are there potential recruiting problems associated with the contract (e.g., lack of available transportation, qualifications, wage vs. duties)? () Yes () No

Explain: _____

p. Does the employer have a grievance procedure for its employees? () Yes () No

○ If yes, has the employer given the contractor a copy of this procedure? () Yes () No

○ If not, has the employer been made aware of the contractors' grievance procedure and its availability to all clients? () Yes () No

2. Business Applicant Signature

Signature

Date

Print Name

Title

Part II. Project Information

Training Needs

Please select from the list below the need for which you are requesting funds for training. You may request funds for more than one need. Project Information must be submitted for each request.

- Changes in equipment and/or Software
- Changes in product lines
- Changes in work processes
- Increasing workplace literacy
- Other – please describe: _____

Proposed Outcomes of Project

Number of employees to be trained: _____

Number of NEW jobs created: _____ Number of jobs RETAINED: _____

Please explain **how** the proposed training will result in increased workforce, lower turnover/higher retention rates, and/or higher employee wages: _____

In addition to the above information, describe how this training will have **a measureable positive effect** on your business. Include quantitative data if available (ie: percent of increase to wages, percent of new business generated). _____

Part III. Proposed Budget Information

- A. Training activities, Time Frames, and Cost: If the training project includes more than one course/activity, please list each course/activity separately. The Cayuga Cortland Workforce Development Area will reimburse 50% of the training cost up to \$5,000 per company per year (July 1st to June 30th).

Title of Training Activity/Course	Provider/Instructor and FEIN*	Total Hours of Training	Number of Employees to be trained	Total Cost

Subtotal of Training Activity: \$ _____

Type of training proposed can include, but is not limited to, vendor training, and use of training consultants. Attach a copy of the training curriculum.

B. Employee Eligibility and Wages:

Please list those employees that you anticipate will receive training under this contract. Include each potential trainee’s full name and title, Last 4 of SSN, hourly wage rate, total hours of training that they will receive and total cost of each individual’s wages during their training.

<u>Last Name</u>	<u>First Name, Middle Initial</u>	<u>Job Title</u>	<u>Last 4 of SSN</u>	<u>Current Wage</u>	<u>Total Hours of Training</u>	<u>Total Wages during training</u>

Subtotal of wages: \$ _____

C. Non Personal Services/Supplies Budget (ie: workbooks, supplies, etc)

<u>Item (please specify)</u>	<u>Cost per item</u>	<u>Total Cost</u>

Subtotal of Non Personal Services/Supplies: \$ _____

D. Funds Received from Other Sources (attach documentation itemizing source/amount)

Source	Funding Amount

Subtotal of Other Funds Received: \$ _____

Part IV: Signature of Authorized Representatives

All applicants must affirm to the following and affix signatures below:
The undersigned affirm that, to the best of my/our knowledge, information and belief all statements in this application are true and accurate. I/we do affirm that I/we will adhere to all the non-discrimination and affirmative action policies and requirements of the State of New York.

I/we understand Workforce Innovation and Opportunity Act grant funds will be used for direct training costs only, and must have a match from our Business of not less than 50% of the project cost for the eligible participants.

Applicant(s)

Program Director

Signature *Date*

Signature *Date*

Please Print Name

Please Print Name

Please Print Title

Please Print Title

****Labor Union Information**

If applicable, enter labor union information and attach their letter of support.

Name of Union: _____ Local #: _____

Contact: _____ Title: _____

Attachment B

**Cayuga-Cortland Workforce Development Area
Policy for On-the-Job Training
Responsibility Questionnaire**

Please note that it has been determined by the Counsel's Office of the New York State Department of Labor that the Responsibility Questionnaire must now be used for all grants, contracts and subcontracts under WIOA.

Instructions – Please answer all questions. A "Yes" answer to any part of questions 1-5 requires a written explanation to be prepared on company letterhead, signed by an officer of the company, and attached to the completed questionnaire.

1. Within the past five years, has your firm, any affiliate¹, any principal, owner or officer or major stockholder (10% or more shares) or any person involved in the bidding or contracting process been the subject of any of the following:
 - a. A judgment or conviction for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
 - b. A criminal investigation or indictment for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
 - c. An unsatisfied judgment, injunction or lien obtained by a government agency including, but not limited to, judgments based on taxes owed and fines and penalties assessed by any local, state or federal government agency?
 Yes No
 - d. An investigation for a civil violation for any business-related conduct by any local, state or federal agency?
 Yes No

¹ "Affiliate" meaning: (a) any entity in which the vendor owns more than 50% of the voting stock; (b) any individual, entity or group of principal owners or officers who own more than 50% of the voting stock of the vendor; or (c) any entity whose voting stock is more than 50% owned by the same individual, entity or group described in clause (b). In addition, if a vendor owns less than 50% of the voting stock of another entity, but directs or has the right to direct such entity's daily operations, that entity will be an "affiliate" for purposes of this questionnaire.

- e. A grant of immunity for any business-related conduct constituting a crime under local, state or federal law including, but not limited to, fraud, extortion, bribery, racketeering, price-fixing, or bid collusion or any crime related to truthfulness and/or business conduct?
 Yes No
- f. A local, state or federal suspension, debarment or termination from the contracting process?
 Yes No
- g. A local, state or federal contract suspension or termination for cause prior to the completion of the term of a contract?
 Yes No
- h. A local, state or federal denial of a lease or contract award for non-responsibility?
 Yes No
- i. An agreement to voluntary exclusion from bidding/contracting?
 Yes No
- j. An administrative proceeding or civil action seeking specific performance or restitution in connection with any local, state or federal contract or lease?
 Yes No
- k. A local, state or federal determination of a willful violation of any prevailing wage law or a violation of any other labor law or regulation?
 Yes No
- l. A sanction imposed as a result of judicial or administrative proceedings relative to any business or professional license?
 Yes No
- m. A denial, decertification, revocation or forfeiture of Women's Business Enterprise, Minority Business Enterprise or Disadvantaged Business Enterprise status?
 Yes No
- n. A rejection of a low bid on a local, state or federal contract for failure to meet statutory affirmative action or MWBE requirements on a previously held contract?
 Yes No

o. A consent order with the New York State Department of Environmental Conservation, or a federal, state or local government enforcement determination involving a violation of federal, state or local government laws?

Yes No

p. An Occupational Safety and Health Act citation and Notification of Penalty containing a violation classified as serious or willful?

Yes No

q. A rejection of a bid on a New York contract or lease for failure to comply with the MacBride Fair Employment Principles?

Yes No

r. A citation, notice, violation order, pending administrative hearing or proceeding or determination for violations of:

- federal, state or local health laws, rules or regulations
- unemployment insurance or workers' compensation coverage or claim requirements
- ERISA (Employee Requirement Income Security Act)
- federal, state or local human rights laws
- federal or state security laws
- federal INS and Alienage laws
- Sherman Act or other federal anti-trust laws?

Yes No

s. A finding of non-responsibility by an agency or authority due to the failure to comply with the requirements of Tax Law Section 5-a?

Yes No

2. Has the vendor been the subject of agency complaints or reports of contract deviation received within the past two years for contract performance issues arising out of a contract with any federal, state or local agency? If yes, provide details regarding the agency complaints or reports of contract deviation received for contract performance issues.

Yes No

3. Does the vendor use, or has it used in the past five (5) years, an Employee Identification No., Social Security No., Name, DBA, trade name or abbreviation different from that listed on your mailing list application form? If yes, provide the name(s), FEIN(s) and d/b/a(s) and the address for each such company and d/b/a on a separate piece of paper and attach to this response.

Yes No

4. During the past three years, has the vendor failed to file returns or pay any applicable local, state or federal government taxes?

Yes No

If yes, identify the taxing jurisdiction, type of tax, liability year(s) and tax liability amount the company failed to file/pay and the current status of the liability:

5. During the past three years, has the vendor failed to file returns or pay New York State Unemployment Insurance?

Yes No

If yes, indicate the years the company failed to file/pay the insurance and the current status of the liability:

6. Have any bankruptcy proceedings been initiated by or against the vendor or its affiliates within the past seven years (whether or not closed) or is any bankruptcy proceeding pending by or against the vendor or its affiliates, regardless of the date of filing?

Yes No

If yes, indicate if this is applicable to the submitting vendor or one of its affiliates:

If it is an affiliate, include the affiliate's name and FEIN:

Provide the court name, address and docket number:

Indicate if the proceedings have been initiated, remain pending or have been closed:

If closed, provide the date closed: _____

CERTIFICATION:

The undersigned: recognizes that this questionnaire is submitted for the express purpose of assisting the State of New York or its agencies or political subdivisions to make a determination regarding the award of a contract or approval of a subcontract; acknowledges that the State or its agencies and political subdivisions may in its discretion, by means which it may choose, verify the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a felony under Penal Law Section 210.40 or a misdemeanor under Penal Law Section 210.35 or Section 210.45, and may also be punishable by a fine of up to \$10,000 or imprisonment of up to five years under 18 USC Section 1001 and may result in contract termination; and states that the information submitted in this questionnaire and any attached pages is true, accurate and complete.

The undersigned certifies that he/she:

- Has not altered the content of the questions in the questionnaire in any manner;
- Has read and understands all of the items contained in the questionnaire and any pages attached by the submitting vendor;
- Has supplied full and complete responses to each item therein to the best of his/her knowledge, information and belief;
- Is knowledgeable about the submitting vendor’s business and operations;
- Understands that New York State will rely on the information supplied in this questionnaire when entering into a contract with the vendor; and
- Is under a duty to notify the procuring State Agency of any material changes to the vendor’s responses herein prior to the State Comptroller’s approval of the contract.

Name of Business	Signature of Officer
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Address	Typed Copy of Signature
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City, State, Zip	Title
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Principal place of business if different from address listed above (include complete address):
