

WORKFORCE SERVICES

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TRAINING APPLICATION FOR BUSINESSES

BUSINESS INFORMATION

Business Name: _____ Tel: (____) _____ - _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Tax ID Number: _____ Number of Employees in SD: _____

Has any employee of the business been employed with any agency of the State of South Dakota within the last year? YES NO

TRAINING PROGRAM INFORMATION

<p>Customized Training Relates to (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Introduction of New Technologies <input type="checkbox"/> Introduction to New Production or Services <input type="checkbox"/> Upgrading to New Jobs that require additional skills <input type="checkbox"/> Workplace Literacy <input type="checkbox"/> Increased competitiveness of employer <input type="checkbox"/> Increased competitiveness of employee <input type="checkbox"/> Other (please explain) 	<p>Purpose of the Training:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Train New Employees <input type="checkbox"/> Retain a skilled workforce <input type="checkbox"/> Avert the need for layoff <input type="checkbox"/> Other (please explain)
<p>Explanation (if selected "other" above):</p>	

MAJOR TRAINING REQUIREMENTS (Skills, Tools, Equipment to be mastered)	TRAINING HOURS	PROJECTED COMPLETION DATE

Description of Training (Example: *classroom instruction and hands-on experience to ...*): _____

Job Title of Training Occupation(s): _____

Location of the Training: _____

Provider of the Training: _____

Instructor of the Training: _____

Instructor Phone Number: _____

COSTS (Not to include travel cost)

TUITION/FEES	\$ _____	List of Costs in "Other": • • • • •
MATERIALS	\$ _____	
INSTRUCTOR	\$ _____	
OTHER	\$ _____	

TOTAL: \$ _____

TIMELINE

Length of Training _____
(not to exceed 12 months)

Start Date: ____/____/____

End Date: ____/____/____

EMPLOYEES AND TRAINEES

- All employees must be registered in [SDWORKS](#)
- Provide verification of date of birth, Attachment A, and [WIOA Form 2](#) for each employee taking part in the training.
- Attach document with details if there are more than five employees

EMPLOYEE NAME	CURRENT WAGE	BENEFITS OFFERED? Y/N	FULL TIME? Y/N	LENGTH OF EMPLOYMENT
Employee 1 -				
Employee 2 -				
Employee 3 -				
Employee 4 -				
Employee 5 -				

Supervisor: _____ Title: _____

- Will employee(s) receive a wage or benefit increase upon completion of the training? YES NO
- Will employees earn a credential upon completion of the training? YES NO
- Is the applicant's accounting system automated, manual, or a combination of both? (circle one)
- Is this the first time the applicant has received a grant from the State of South Dakota? YES NO
- Has your entity been in business for more than 2 years? YES NO
- Does the applicant's personnel overseeing this grant have more than one year experience with federal funding? YES NO
- Will this applicant receive other state or federal funding to assist with this training? If yes, include description. YES NO

AGREEMENT

- Employer is committed to maintaining an employer/employee relationship with the trainee after successful completion.
- Upon completion of the training, employees will make comparable or higher wages than prior to the training.
- All employees taking part in the training meet the Fair Labor Standards Act requirements for an employer-employee relationship.
- Employer must have Employment Eligibility Verification USCIS Form I-9 and supporting documentation on file.
- DLR has the right to monitor the training at any time.
- Employer has reviewed the DLR Incumbent Worker policy 5.11.
- Employer will comply with 20 CFR 680.830 and 20 CFR 680.840, regarding funds provided to employers for work-based training which cannot be used directly or indirectly to assist, promote or deter union organizing, or to aid in filling a job opening that is vacant due to the former occupant being on strike or locked out in the course of a labor dispute, or filling any open position due to a labor dispute and work stoppage.
 - Applicant understands grant information will be available to the public at <http://open.sd.gov/>

I certify the information provided on this application is correct to the best of my knowledge.

EMPLOYER REPRESENTATIVE: _____ TITLE: _____

SIGNATURE: _____ DATE: ____/____/____

SUBMISSION: Include Attachment A, D.O.B. verification, and WIOA Form 6 to DLRETP@state.sd.us or DLR Workforce Training, 123 W. Missouri Ave., Pierre, SD 57501

INCLUDE
[FORM 2](#)

DLR STAFF ONLY *A decision will be made within 15 days of receipt of the application.* Approved Denied

Justification for Denial: _____

APPEAL PROCESS: If an application is denied approval, the business has the option to appeal. A written request for appeal and a statement of justification, explaining why the training should receive WIOA Title I funding must be submitted via e-mail to DLRETPL@state.sd.us within 15 business days after notification of ineligibility or termination. Written appeals should not exceed one page. The business will be contacted within 15 business days of DLR's receipt of the appeal to schedule a hearing with the training appeals board. The board will consist of a DLR Labor Program Specialist, the Workforce Training Director and a WDC member. The Board will issue a final decision within 60 business days of the date of the hearing.

SELF-ATTESTATION FOR TRAINING APPLICATION

Name: _____ Last four digits of SSN: _____

Highest Education Level Completed at Participation (Also documents Basic Skills Exception)

0 1 2 3 4 5 6 7 8 9 10 11 12

- High School Diploma
- High School Equivalency
- High School Certificate of Completion by completing IEP (Individual with disability)
- Completed 1 or more years of post-secondary
- Attained a post-secondary certificate (non-degree)
- Attained an Associate's degree
- Attained a Bachelor's degree
- Attained a degree beyond a Bachelor's degree

By signing below, I authorize the Training Provider and Employer to release information concerning my training, including application requirements, attendance, academic/program, and other pertinent information to SDDLRL or its authorized representative.

By signing below I certify, under penalty of perjury, that the information stated above is true and accurate.

TRAINEE'S SIGNATURE (REQUIRED)

DATE