



CITY OF CLEVELAND
Mayor Frank G. Jackson

Economic Development Department
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Employment Connection
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Cleveland, Ohio 44115
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EMPLOYMENT CONNECTION
Customized Occupational Skills /Incumbent Worker Training Application

Company/Association Name _____

Federal Tax ID Number _____

NAICS Code _____

Address _____ City _____ Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____ Email _____

1. Briefly describe your business/association:

2. Briefly describe proposed training project:

3. Attach training outline(s) and/or curriculum.

4. Attach list of employees to be trained (complete spreadsheet).

5. Training Occupation (s):

6. Starting Wage \$ _____
After Training \$ _____
After Six Months \$ _____

7. Training Start Date _____ Training End Date _____

8. What will you do to assure job retention (mentoring, ongoing learning, job shadowing, etc.)? _____

9. Total Cost (complete itemized budget page)
\$ _____

10. What is the outcome(s) of the training? Please check all that apply.
Documented verification of all outcomes is required to be submitted at completion of training.

- The introduction of new technologies
- Introduction to new production or service procedures
- Upgrading to new jobs that require additional skills, especially that result in the creation of entry level positions
- Improve the occupational skills of the employers' workforce
- Assist in averting lay offs
- Raise the skill level of workers that leads to promotion
- Provide career progression that opens entry-level positions to others
- Reduction in employee turnover
- Increase individuals' wages

Company Representative:

Employment Connection:

Name (printed)

Name (printed)

Title

Title

Signature

Signature

Date

Date

Training Program Budget

Please use this as a guide. Start with the total Column. You may include other items for consideration as required.

Note: Training funds cannot be used to reimburse any training costs occurring before the grant is approved. Please take this into account when developing your budget and time line.

Employer Contributions must be 33% (50% for new worker customized training) or greater for employers with less than 100 employees, 50% or greater for employers with 100 or more employees or for employers requesting funds to train potential new workers. Contribution can be cash or in-kind.

BUDGET CATEGORY	EMPLOYMENT CONNECTION ASSISTANCE REQUESTED	EMPLOYER CONTRIBUTION	TOTAL
Instructor Wages (Break out costs for individual programs including total hours and instructor wages)			
Curriculum Development			
Materials/Supplies Textbooks (itemize)			
Training Equipment (itemize)			
Other Costs (describe)			
Travel			
Trainee Wages* (attach payroll register)			
Sub Total			
Total			

*Employment Connection requests employers to cover trainees wages as an employer’s match requirement. Employment Connection will consider funding trainee wages only for special circumstances on a case-by-case basis.

Customized Training Documentation

Here is a checklist of all items to be submitted to Employment Connection:

- Completed Customized Occupational Skills /Incumbent Worker Training Application
- Training Curriculum Outline with number of hours and type of certificate/certification received by employees/trainees upon completion. If training does not include industry-recognized certification, please explain how the training will increase the skill level of each employee.
- Payroll register verifying hourly rate for each employee to be trained.
- As a requirement of federal funding, all employees must be 18 years of age or older and all incumbent workers must be eligible to work in the United States. The type of training and number of hours of training is required to be identified for each employee. In addition, funding outcomes are tracked by various types of demographics and the employer is requested to provide the following information in a spreadsheet format (provided by Employment Connection):
 - List of employees or trainees titles with employee names, job titles, DOB, SS# or employee ID, hourly wage, gender, race/ethnicity, veteran status, selective service eligibility, type of training, training outcome, and number of hours. Indication of eligibility to work in the United States can be verified by simply identifying that each employee has completed an I-9 that is on file.
- Letter of financial stability from an officer of company that indicates maintaining or increasing current business levels in the next year and current status of local, state, and federal tax and financial obligations.
 - Financial Statements from last three years may be requested to determine level of existing debt and positive net worth
- Statement from company official indicating intent to remain in Cuyahoga County (can be included with letter of financial stability)
- Statement indicating that funding does not supplement or supplant current training efforts; employer will post current and future openings with Employment Connection (can be included with letter of financial stability).
- Please Note : No funds will be disbursed for incumbent or customized training for any business that has relocated, until the date that is 120 days after the date on which such business relocates, if the relocation of such business or part of a business results in the loss of employment for any employee at the original location and such original location is within the United States.