

	<h2>Application Form</h2>	<b>For Office Use Only</b>  Application #:  Date Received:
	<b>Workforce Development Training Fund (WDTF)</b> <b>Business Training Grants</b> <b>Grants for Existing Positions</b>	

### Employer Information

<sup>1</sup> Legal Business Name:				
<sup>2</sup> dba:				
<sup>3</sup> Street Address:				
<sup>4</sup> Mailing Address:				
	City:	State:	Zip:	
<sup>5</sup> Telephone:		Fax:	<sup>6</sup> Website:	
<sup>7</sup> Contact Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Title:		eMail Address:		
<sup>8</sup> Fiscal Contact:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
	Telephone:	eMail Address:		
<sup>9</sup> Business Type Code:	<sup>10</sup> Number of Employees:		<sup>11</sup> Business Structure:	
	<input type="checkbox"/> 1-5	<input type="checkbox"/> 26-50		<input type="checkbox"/> For Profit
	<input type="checkbox"/> 6-10	<input type="checkbox"/> 51-100		<input type="checkbox"/> Non-Profit
	<input type="checkbox"/> 11-25	<input type="checkbox"/> Over 100	<input type="checkbox"/> County Hospital	
<sup>12</sup> Wyoming UI No.:	<sup>13</sup> FEIN:	<sup>14</sup> Workers' Comp No.:		
<sup>15</sup> Fringe Benefits:	<input type="checkbox"/> Health/Dental/Vision Insurance <input type="checkbox"/> Vacation <input type="checkbox"/> Sick/Personal Time <input type="checkbox"/> None at this time		<input type="checkbox"/> Retirement Plan/401(k) <input type="checkbox"/> Paid Holidays <input type="checkbox"/> Life Insurance	
<sup>16</sup> Are the trainees currently working in Wyoming at least 50% of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b><sup>17</sup>Total Amount Requested:</b>	\$	<b>Business Match:</b>	\$	<b>Total Number of Trainees:</b>	
---	----	------------------------	----	----------------------------------	--

## Training Information

1Training Title:			
2Beginning Date:		3End Date:	
4Description:			
5How does this training correct a skill deficiency or upgrade current skill levels?			
6How is this training related to trainee(s) occupation or craft?			
7Explain why this training is beyond what is normally provided.			
8Explain how this training allows your business to become or remain competitive in your industry or in the economy.			
9Are you receiving funds from any other source for this training?		<input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, please explain:	
10The skill upgrade provided by the training will (check all that apply):		<input type="checkbox"/> Enhance productivity <input type="checkbox"/> Enhance efficiency <input type="checkbox"/> Enhance profitability	<input type="checkbox"/> Reduce employee turnover <input type="checkbox"/> Enhance employee wages
11Training Provider:			
Address:			
City		State:	Zip:
Telephone:		Fax:	
12Type of Training Provider:		<input type="checkbox"/> Community College <input type="checkbox"/> University	<input type="checkbox"/> Conference/Seminar <input type="checkbox"/> Private Trainer <input type="checkbox"/> In-House Trainer
13Training Location:		<input type="checkbox"/> In Wyoming – City: <input type="checkbox"/> Out of State – City/State:	14Training will result in: <input type="checkbox"/> Certification <input type="checkbox"/> License <input type="checkbox"/> College Credit <input type="checkbox"/> CEU's <input type="checkbox"/> N/A

## Training Budget

Allowable Expenses (for all trainees)	Estimated Amount (whole dollars)
<sup>1</sup> Registration, Tuition or Class Fees	\$
<sup>2</sup> Other Instructor Fees	\$
<sup>3</sup> Instructor Travel (if not part of fee):	
<sup>a</sup> Air Fare	\$
<sup>b</sup> Mileage (        miles @ .405 each)	\$
<sup>c</sup> Meals & Incidental Expenses	\$
<sup>d</sup> Lodging (        nights @ \$        /per night)	\$
<sup>e</sup> Other Travel Expenses:	\$
<sup>4</sup> Class Materials or Supplies	\$
<sup>5</sup> Trainee Travel Expenses:	
<sup>a</sup> Air Fare	\$
<sup>b</sup> Mileage (        miles @ .405 each)	\$
<sup>c</sup> Meals & Incidental Expenses	\$
<sup>d</sup> Lodging (        nights @ \$        /per night)	\$
<sup>e</sup> Other Travel Expenses:	\$
<sup>6</sup> CEU, License or Certification Fee	\$
<b><sup>7</sup>Total Estimated Expenses</b>	<b>\$</b>
<sup>8</sup> Less Employer Share (Total x .40 for 40% minimum matching contribution)	\$
<b><sup>9</sup>Total Grant Amount Requested</b>	<b>\$</b>
<b><sup>10</sup>Estimated Cost per Trainee</b> (Line 9 divided by number of trainees. Must be \$2,000 or less per trainee)	<b>\$</b>

## Trainee Information

First Name	Last Name	SSN	Job Code	Current Hourly Wage	Est Hourly Wage After Training	Full Time or Part Time	Retraining or Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Retrain <input type="checkbox"/> Upgrade

Application Attachment Checklist:

- Proposed curriculum or registration material for training showing individual costs;
- Instructor/trainer quotes for on-site training;
- Brochure or other information describing the training;
- Letter of good standing from Unemployment Insurance office and/or Workers' Compensation or letter from business explaining why business is not required to register for UI or WC.

## Signatures

---

I hereby certify that the information in this application is true and accurate to the best of my knowledge. I am aware that any false information or intended omissions may subject me or my company to civil or criminal penalties for filing false public records and may result in forfeiture of any training grant award approved through this program.

---

Authorized Signature

Date

---

Printed Name and Title

Application Prepared By (if other than company representative):

---

Signature

Date

---

Printed Name and Title

---

Company and Address

Mail or deliver completed application to:

Department of Workforce Services  
Attn: Sarah Reilly, Program Specialist  
Workforce Development Training Fund  
PO Box 2760  
Casper, WY 82602

Workforce Development Training Fund (WDTF) - Business Training Grants - Grants for Existing Positions  
Department of Workforce Services