

Date of Application:	

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	2	<u>Z</u> ip	
Company Contact	Title				
Contact Email	_ Contact Phone _				
FEIN/Tax ID	Type of Business		(LLC, Corpora	tion, 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	t in the past?		O Yes	O No	
If yes, has the Company completed a Final Evaluation?			O Yes	O No	
Has any training been provided in the past two years?			O Yes	O 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				NHES 0354	R-01/2

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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
TC	TAL GRANT SHARE	TOTAL COMPANY SHARE

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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			
Phone Number	Website		
Training Course/Type of Training			
Training Course Title			
Describe how this training program will trabenefit them, the Company, and the econo			chnologies that will
What certifications, credentials, or credit w	vill the employees earn?		
Please provide the salary range for each of Supervisor, Management, etc.) and describe employees involved.			
Desired Training Start Date	Training End D	ate	

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Itemized Breakdown of Training Costs

- **Part 1:** Enter the amount of the Grant you are requesting from **WorkInvestNH** for this course, and the amount of your Company's Share. The **Total Cost of Training** for the course should equal the cost on your Vendor's quote.
- Part 2: Break down the costs of training as described below on the Vendor's quote. The Itemization Total at the bottom must equal the Total Cost of Training.

PART 1	Grant Reque	sted \$	_	
		+ =	Total Cost	of Training: \$
	Company's S	Share \$		
PART 2		Grant Requested This is the breakdown of Job Training Funds you are seeking.		Company's Share This is the breakdown of your Company's share of costs.
Instructor/Cour	se Fee	\$		
Books/Certificat	ion Fee *			
Classroom Supp	olies *			
Equipment Rent	al *			
Facility Rental *				
Other *				
		ITEMIZATION T	TOTAL: \$	
How m	nany Employe	es will attend this training?		
Cost of Training per Employee				
Describe all cos	ts other than	the Instructor Fees listed above.		