**INVITATION TO NEGOTIATE**

Targeted Sector Initiatives (TSI): To Promote Career Ladder, Business Retention & Skills Upgrade Training For Employed Workers

**2020-2021 QUESTIONNAIRE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Name: | | | | | | | | | | | |
| Street/Mailing Address: | | | | | | | | | | | |
| City: | | | | | ZIP: | | | | County: | | |
| Organization Contact Person: | | | | | | | | | Title: | | |
| Phone: | | | | | Ext. | | | | Fax: | | |
| Email Address: | | | | | Website Address: | | | | | | |
| Alternate Contact: | | | | | Alternate Contact Title: | | | | | | |
| Alternate Contact Phone: | | | | | | | | | | | |
| Alternate Contact Email: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Date of Inception: | | Years in Business: | | | | Total # Full-time Employees at this location: | | | | | |
| Legal Structure of Business: | | Sole Proprietor | | | | Partnership | | | | Corporation | |
|  | | Non-profit | | | | Leased | | | | Other(please indicate) | |
| Employer’s Federal ID #: | | | | Unemployment Comp ID #: | | | | | | | |
| **Dun and Bradstreet. #:** | | | | Primary NAICS       and or (SIC) Code: | | | | | | | |
| Is your company current on all State of Florida tax obligations? | | | | | | | | YES | | | NO |
| The total amount your company will spend on training in 2020/2021 | | | | | | | | | | |  |
| Is your company receiving/applying for other public training funds? | | | | | | | | YES | | | NO |
| If yes, explain: | | | | | | | | | | | |
| If yes, please state the source(s) and $ amount(s): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Description of your business, product(s) and/or service(s): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Amount of Grant Request from local CareerSource board: | | | | Number of FT Employees to be Trained:  (must be Florida residents) | | | | | | | |
| Training Start Date | | | | Training End Date | | | | | | | |
| Training will be delivered: | On-site | | At the training institution | | | | At a remote location | | | | |
|  | | | | | | | | | | | |

**Indicate industry sector that best fits your organization or type of training proposed**

|  |  |
| --- | --- |
| SECTOR 1: Healthcare |  |
| SECTOR 2: Manufacturing |  |
| SECTOR 3: Information Technology |  |
| SECTOR 4: Finance |  |
| SECTOR 5: Construction |  |
| SECTOR 6: Transportation & Warehousing |  |
| SECTOR 7: Retail Trade |  |
| Apprenticeship: Any industry/sector |  |
| Region 16 Demand Occupations List (TOL) |  |

\*Please complete the Excel budget sheet and submit with application.

**Proposed Training**

Please provide the following information regarding the individuals and costs of the proposed training. **Insert additional rows as needed.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Job Title of Individual(s) Receiving Training and Number per Job Title (*Use 1 line for multiple trainees with the same job title)*** | **Avg. Rate of Pay Pre-Training** | **Est. Rate of Pay Post-Training** | **Type of Training** | **Training Estimated Start Date**  **(MM/DD/YYYY)** | **Training Estimated**  **End Date**  **(MM/DD/YYYY)** | **Issued/Recognized By:** | **Classroom/**  **Training Hours** | **Actual Cost of Training/Tuition**  **per Individual** |
|  |  |  |  |  |  |  |  |  |  |
| 1 |  | $ | $ |  |  |  |  |  |  |
| 2 |  | $ | $ |  |  |  |  |  |  |
| 3 |  | $ | $ |  |  |  |  |  |  |
| 4 |  | $ | $ |  |  |  |  |  |  |
| 5 |  | $ | $ |  |  |  |  |  |  |
| 6 |  | $ | $ |  |  |  |  |  |  |
| 7 |  | $ | $ |  |  |  |  |  |  |
| 8 |  | $ | $ |  |  |  |  |  |  |
| 9 |  | $ | $ |  |  |  |  |  |  |
| 10 |  | $ | $ |  |  |  |  |  |  |
| 11 |  | $ | $ |  |  |  |  |  |  |
| 12 |  | $ | $ |  |  |  |  |  |  |
| 13 |  | $ | $ |  |  |  |  |  |  |
| 14 |  | $ | $ |  |  |  |  |  |  |
| 15 |  | $ | $ |  |  |  |  |  |  |

**Participating Parties**

**Employer Respondents:** For each educational institution proposed to provide training, list the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Training Provider Name** | **Contact Person** | **Address** | **Phone** | **Institution Web Address** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Public Institutions of Higher Learning & Entities that carry out programs under the National Apprenticeship Act:** List the following information for each employer you expect to participate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Business Name** | **Contact Person** | **Address** | **Phone** | **# of Employees Anticipated to Participate** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**ANTICIPATED OUTCOMES**

**Please check the boxes that apply to the anticipated outcomes of the proposed project.**

|  |  |
| --- | --- |
| Will improve the long-term wage levels of trainees | Will improve the short-term wage levels of trainees |
| Will create new jobs within our company | Would help prevent company from having to relocate operations |
| Will lower employee turnover in our company | Critical to the long-term viability of our company |
| Critical to the short-term viability of our company | Will make this location more competitive within company |
| Will assist in the training of veterans | Will assist in the training of minorities |
| Will assist in the training of the disabled | Will assist welfare to work participants |
| Will increase the profitability of our company | Important to the stated mission of our company |
| Will be an important component of our company’s overall workforce employee development efforts | |
| Will assist in the improvement of international trade opportunities | |

***Certification by Authorized Company/Institution Representative***

**The individual electronically signing the application below must have authority to enter into contracts on behalf of the applying organization/company***.*

As an authorized representative of the company/institution listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

**Typing in your name serves as your electronic signature.**

|  |  |
| --- | --- |
| Electronic Signature: | Date: |
| Name: | Title: |
| Email Address: | |

*All completed Questionnaires should be sent via email to Pasco Hernando workforce board.*

* ***CareerSource Pasco Hernando: Pasco or Hernando County:*** [*EWT@careersourcepascohernando.com*](mailto:EWT@careersourcepascohernando.com)