

## Worker Skills Upgrading - Existing Employee Training

1. **Question Ref:** Q\_1553  
**Question Type:** Threshold

Does the applicant business attest that without the proposed training, existing employees are at risk of being laid off?

2. **Question Ref:** Q\_1402  
**Question Type:** Threshold

Does the applicant attest that it is a private sector for-profit business with four or more employees (including corporations, LLCs and LLPs) OR a not-for-profit business?

3. **Question Ref:** Q\_1411  
**Question Type:** Threshold

Does the applicant business attest that any award will be expended on program activities in NYS, that it is the intention of the applicant that the individuals to be trained will work in NYS upon completion of the training, and that the business(es) participating in this application are headquartered in NYS or have at least one site located in NYS?

4. **Question Ref:** Q\_1342  
**Question Type:** Threshold

Does the applicant business attest that the trainees targeted under this application are existing employees of the applicant business, not independent contractors or contract employees?

5. **Question Ref:** Q\_1320  
**Question Type:** Threshold

Does the business commit to continue to employ the worker(s) upon successful completion of the training?

6. **Question Ref:** Q\_1357  
**Question Type:** Threshold

Does the applicant attest that they will comply with New York State Labor Law? If applicant has past violations, list dates and details below.

7. **Question Ref:** Q\_1358  
**Question Type:** Threshold

Does the applicant business attest that trainees will be compensated at no less than their normal rate of pay while they are attending training?

8. **Question Ref:** Q\_1313  
**Question Type:** Threshold

Does the applicant business attest that none of the funds being requested under this application will be used in connection with the relocation of employment from facilities in other locations which have resulted in any employee losing his or her job at the original location?

9. **Question Ref:** Q\_1311  
**Question Type:** Threshold

Does the applicant business attest that if any of the workers targeted for training in this application are laid off within one year of the end date of the resulting contract, the applicant business will be responsible for the reimbursement to the State for the cost of training associated with the laid off worker(s)?

10. **Question Ref:** Q\_1603  
**Question Type:** Basic

Was this project or a phase of this project awarded funding in CFA Round I ?

11. **Question Ref:** Q\_1604  
**Question Type:** Basic

If yes, with which agency(s)?

12. **Question Ref:** Q\_1605  
**Question Type:** Basic

If funding was received in a prior round of the CFA, indicate the amount of funding received.

13. **Optional Question Header:**

### Applicant Information

**Question Ref:** Q\_546  
**Question Type:** Basic

Legal Name of Applicant

14. **Question Ref:** Q\_547  
**Question Type:** Basic

Contact First Name

15. **Question Ref:** Q\_549  
**Question Type:** Basic

Type of Applicant (select all that apply)

16. **Question Ref:** Q\_550  
**Question Type:** Basic

If you are a DBA, what is your DBA name?

17. **Question Ref:** Q\_551  
**Question Type:** Basic

Applicant Street Address

18. **Question Ref:** Q\_552  
**Question Type:** Basic

Applicant City

19. **Question Ref:** Q\_553  
**Question Type:** Basic

Applicant State

20. **Question Ref:** Q\_554  
**Question Type:** Basic

Applicant Zip Code. (please use Zip+4 if known)

21. **Question Ref:** Q\_555  
**Question Type:** Basic

Applicant Email Address

22. **Question Ref:** Q\_561  
**Question Type:** Basic

Additional Contact Email Address

23. **Question Ref:** Q\_562  
**Question Type:** Basic

Additional Contact Phone Number. (please include area code)

24. **Question Ref:** Q\_565  
**Question Type:** Basic

Project City

25. **Question Ref:** Q\_568  
**Question Type:** Basic

Project State

26. **Question Ref:** Q\_572  
**Question Type:** Basic

Project Latitude

HELP SECTION

[Click HERE to determine Latitude](#)

27. **Optional Question Header:**

### Project Description

- Question Ref:** Q\_575  
**Question Type:** Basic

Project Description. Concisely describe the project, indicating the location, what will be planned, designed, and/or constructed, the issues/opportunities to be addressed, and expected outcomes and deliverables. Additional details will be collected later in the application process.

28. **Question Ref:** Q\_651  
**Question Type:** Basic

Applicant Telephone Number, (please include area code)

29. **Question Ref:** Q\_928  
**Question Type:** Basic

Project Street Address: if the project does not have a definite street address, please skip to "Project without a Street Address" below.

30. **Question Ref:** Q\_930  
**Question Type:** Basic

Explain what makes your project a regional economic priority - for example creates jobs, economic investment, sustainability and community revitalization, etc.

31. **Question Ref:** Q\_969  
**Question Type:** Basic

If you are a business, have you been certified as an Minority or Women-owned Business Enterprise (MWBE)?

32. **Question Ref:** Q\_970  
**Question Type:** Basic

Additional Project Contact Last Name

33. **Question Ref:** Q\_971  
**Question Type:** Basic

Project Without a Street Address: please enter a description of the project location. Include project starting/ending street addresses, cities & zip codes if applicable.

34. **Question Ref:** Q\_972  
**Question Type:** Basic

Project county or counties.

35. **Question Ref:** Q\_1034  
**Question Type:** Basic

Project Zip Code. (please use Zip+4 if known)

36. **Question Ref:** Q\_184  
**Question Type:** Basic

NYS Assembly District(s) where the project is located. (please enter a number between 1 and 150 that represents your Assembly District)

HELP SECTION

Click [HERE](#) to determine your Assembly district.

37. **Question Ref:** Q\_190  
**Question Type:** Basic

NY Senate District(s) where the project is located. (please enter a number between 1 and 62 that represents your Senate District)

HELP SECTION

Click [HERE](#) to determine your Senate district.

38. **Question Ref:** Q\_1049  
**Question Type:** Basic

Contact Last Name

39. **Question Ref:** Q\_1050  
**Question Type:** Basic

Contact Title

40. **Question Ref:** Q\_1051  
**Question Type:** Basic

Additional Contact Title

41. **Question Ref:** Q\_1052  
**Question Type:** Basic

Additional Project Contact First Name

42. **Question Ref:** Q\_1211  
**Question Type:** Attachment

The NYS DOL "Workforce Investment Act Section 505" has been attached for informational purposes only.

HELP SECTION

Please download a copy of "Workforce Investment Act Section 505" at <http://www.labor.ny.gov/CFA/wia-section-505.pdf> for reference purposes.

43. **Question Ref:** Q\_375  
**Question Type:** Attachment

The NYS DOL "Workforce Investment Act Regulations Section 663.715" has been attached for informational purposes only

#### HELP SECTION

Please download a copy of the "Workforce Investment Act Regulations Section 663.715" at <http://www.labor.ny.gov/CFA/wia-regulations-section-663.715.pdf> for reference purposes.

44. **Question Ref:** Q\_1733  
**Question Type:** Attachment

A hard copy of the NYS DOL document, "Master List of Trainees" must be printed, completed and submitted under separate cover, as part of this application.

#### HELP SECTION

Please download a copy of the "Master List of Trainees" at <http://www.labor.ny.gov/CFA/master-list-of-trainees.pdf> for completion. Required documents should be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

45. **Question Ref:** Q\_1734  
**Question Type:** Attachment

A hard copy of the NYS DOL document, "Application for Competitively Bid Contract" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

#### HELP SECTION

Please download a copy of the "Application for Competitively Bid Contract" at <http://www.labor.ny.gov/CFA/application-competitively-bid-contract.pdf> . Required

documents must be sent to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and Workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

46. **Question Ref:** Q\_1735  
**Question Type:** Attachment

A hard copy of the NYS DOL document, "Notice to Individuals Submitting Applications" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

#### HELP SECTION

Please download a copy of the "Notice to Individuals Submitting Applications" at: <http://www.labor.ny.gov/CFA/notice-to-individuals-submitting-applications.pdf> . Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist. Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

47. **Question Ref:** Q\_1736  
**Question Type:** Attachment

A hard copy of the NYS DOL document, "Responsibility Questionnaire" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

#### HELP SECTION

Please download a copy of the "Responsibility Questionnaire" at: <http://www.labor.ny.gov/CFA/responsibility-questionnaire.pdf> for completion. Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.



48. **Question Ref:** Q\_1737

**Question Type:** Attachment

A hard copy of the NYS DOL document, "Federal and State Certifications" must be printed, completed, affixed with an original signature and submitted under separate cover as part of this application.

#### HELP SECTION

Please download a copy of the "Federal and State Certifications" at: <http://www.labor.ny.gov/CFA/federal-and-state-certifications.pdf> for completion. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

49. **Question Ref:** Q\_1738

**Question Type:** Attachment

A hard copy of the NYS DOL document, "Equal Employment Opportunity Staffing Plan", must be printed, completed, affixed with an original, official signature and submitted under separate cover as part of this application.

#### HELP SECTION

The document, "Equal Employment Opportunity Staffing Plan", may be uploaded from the following link: <http://www.labor.ny.gov/CFA/eeo100.pdf>. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

50. **Question Ref:** Q\_1739

**Question Type:** Attachment

All applicants must submit a hard copy of the document, "MWBE Utilization Plan". This document be printed, completed, affixed with original, official signature and submitted under separate cover as part of this application.

## HELP SECTION

The required document, "MWBE Utilization Plan" may be uploaded from the following location: <http://www.labor.ny.gov/CFA/mwbe100.pdf>. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

51. **Question Ref:** Q\_1740

**Question Type:** Attachment

For any applicant who WILL NOT utilize subcontractors or suppliers, OR who feel they cannot meet MWBE goals, a hard copy of the document "Application for Waiver of MWBE Participation Goal" must be uploaded, printed, completed, affixed with original signature and submitted under separate cover.

## HELP SECTION

The "Application for Waiver of MWBE Participation Goal" may be uploaded from the following link: <http://www.labor.ny.gov/CFA/mwbe101.pdf>. Required documents must be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

52. **Question Ref:** Q\_1457

**Question Type:** Attachment

A hard copy of the document "General Terms and Conditions" must be printed, completed, affixed with an original signature and submitted under separate cover, as part of this application.

## HELP SECTION

Please download a copy of "New York State Department of Labor General Terms and Conditions" at <http://www.labor.ny.gov/CFA/nys-department-of-labor-general-terms-and-conditions-appendix-c.pdf>. Required documents should be submitted to: Andrew Gehr, Workforce Programs Specialist, Division of Employment and workforce Solutions, New York State Department of Labor, State Office Campus, Building 12, Room 440, Albany, New York 12240.

53. **Question Ref:** Q\_119  
**Question Type:** Attachment

The NYS DOL "Standard Clauses for all New York State Contracts" has been attached for informational purposes only.

#### HELP SECTION

Please download a copy of "Standard Clauses for All New York State Contracts" at <http://www.labor.ny.gov/CFA/standard-clauses-for-all-new-york-state-contracts-appendix-a.pdf> for reference purposes. If the application is awarded, this document will be part of the resulting contract between the applicant and NYS DOL.

54. **Question Ref:** Q\_1452  
**Question Type:** Standard Question

Enter your Federal Employer Identification Number (FEIN).

#### HELP SECTION

A Federal Employer Identification Number (also known as an **Employer Identification Number** or **EIN**) is the corporate equivalent to a [Social Security Number](#), although it is issued to anyone, including individuals, who has to pay [withholding taxes](#) on employees.

Also known as the Tax Identification Number (TIN) or the Federal Tax Identification Number, the FEIN is a unique nine-digit number assigned by the [Internal Revenue Service](#) (IRS) to business entities operating in the United States for the purposes of identification.

55. **Question Ref:** Q\_1742  
**Question Type:** Standard Question

Fully describe the training which will be provided to participants under this project.

56. **Question Ref:** Q\_434  
**Question Type:** Standard Question

Identify the number of participants to be served under the proposal.

57. **Question Ref:** Q\_1746

**Question Type:** Standard Question

Describe, identify, and document a compelling need for the proposed training, including the nature of the skills assessment performed, the results of the assessment, and the current state of the business, industry and economy that dictate the need for training; and provide full descriptions of every course.

58. **Question Ref:** Q\_1741

**Question Type:** Standard Question

Describe in detail how the proposed training will help prevent existing employees from being laid off.

#### HELP SECTION

Relevant information may include, but is not limited to: competitor information; market data; general industry sector information; need for skill training due to upgraded software, machinery or other company advancements necessary to remain competitive.

59. **Question Ref:** Q\_1745

**Question Type:** Standard Question

Identify the sector or industry cluster to which the applicant business belongs. If the applicant is a Training Provider, please see the Help section below.

#### HELP SECTION

For example, health care, advanced manufacturing, clean energy, transportation, construction, etc.

For Training Providers, applying under the Unemployed Worker Training Program, please indicate the sector of the business for whom the training is being provided.

60. **Question Ref:** Q\_1599

**Question Type:** Standard Question

Describe the applicant organization(s) including how long they have been in existence. Describe the scope of services offered and their past experience providing this training

61. **Question Ref:** Q\_1350  
**Question Type:** Standard Question

Describe any organizational assessment undertaken by the business to identify training needs.

62. **Question Ref:** Q\_1600  
**Question Type:** Standard Question

Provide the name, address and contact information for the training provider who will be providing the Existing Employee Training.

63. **Question Ref:** Q\_1279  
**Question Type:** Standard Question

Provide the job title for each position in which training will take place.

64. **Question Ref:** Q\_283  
**Question Type:** Standard Question

Are all participants to be trained 18 years old or older?

65. **Question Ref:** Q\_1319  
**Question Type:** Standard Question

Does applicant attest to the reasonableness of the costs associated with the proposed training by comparing training costs with similar costs of two other training providers that show the chosen provider's costs to be lower or comparable? Identify training providers compared and costs for comparable training. (If less than three bidders were contacted, applicant must provide compelling justification for doing so.)

66. **Question Ref:** Q\_762  
**Question Type:** Standard Question

Describe the occupational skills to be acquired and how they are transferable.

#### HELP SECTION

Occupational training is defined as instruction conducted in an institutional or worksite setting designed to provide individuals with or upgrade them in the technical skills and

information required to perform a specific job or group of jobs. Transferable skills are recognized industry-wide or across multiple industries.

67. **Question Ref:** Q\_1363

**Question Type:** Standard Question

Does the applicant attest that none of the training providers listed in the application has written or contributed wording to the application or solicited the applicant business, as their customer, to apply for these monies? If no, explain.

68. **Question Ref:** Q\_1335

**Question Type:** Standard Question

In detail, describe the necessary steps, time frames, resources, method of delivery and responsibilities for implementation of the proposed training.

69. **Question Ref:** Q\_1336

**Question Type:** Standard Question

Identify the anticipated outcomes of the program including: how proposed training will positively impact the business, the percentage of trainees who will receive an industry recognized credential or certification upon completion, a description of the credential/certification, the percentage of participants to be retained after training and the anticipated amount that wages will increase at the conclusion of the training. If applying for the Unemployed Worker Training program, please see "Help" for further information.

#### HELP SECTION

If this is an application for Unemployed Worker Skills Training, describe how the training will positively impact the business(es) which has committed to considering successful trainees for hire. Identify by name, the business(es) which has made this commitment.

70. **Question Ref:** Q\_1219

**Question Type:** Standard Question

Specify the job location for each individual to be trained.

71. **Question Ref:** Q\_1220  
**Question Type:** Standard Question

Provide the job description for each position for which training will take place.

72. **Optional Question Header:**

### General Certifications

- Question Ref:** Q\_1037  
**Question Type:** Certification

By entering your name in the box below, you certify and agree that you are authorized on behalf of the applicant and its governing body to commit the applicant to comply with the requirements of Article 15-A of the New York State Executive Law: Participation By Minority Group Members and Women With Respect To State Contracts by providing opportunities for MBE/WBE participation. You further certify that the applicant will maintain such records and take such actions necessary to demonstrate such compliance throughout the completion of the project.

73. **Question Ref:** Q\_1038  
**Question Type:** Certification

By entering your name in the box below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving Assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

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