Worker Skills Upgrading - New Hire (On-the-Job) Training

1. **Question Ref:** Q_1503  
   **Question Type:** Threshold

   Do you attest that each OJT participant to be hired will be an individual who has been unemployed for 26 weeks or more?

   **HELP SECTION**

   This program provides Workforce Investment Act funds to train newly hired employees who are long term unemployed individuals to perform their job duties. These funds will reimburse the hiring business for up to 50% of the new employee’s wages for a period not to exceed six (6) months.

2. **Question Ref:** Q_1320  
   **Question Type:** Threshold

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

3. **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.

4. **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?

5. **Question Ref:** Q_1210  
   **Question Type:** Threshold

   Does the applicant business attest that the award will be used for reimbursement of wages of a worker employed in New York State?

6. **Question Ref:** Q_1360  
   **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 employees 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?

7. **Question Ref:** Q_1453  
**Question Type:** Threshold

Does the applicant business attest that the business' intention in hiring an OJT employee is for the newly hired employee to learn skills necessary to perform his job responsibilities?

8. **Question Ref:** Q_1454  
**Question Type:** Threshold

Does the applicant business attest that no currently employed worker shall be displaced by the newly hired OJT employee?

9. **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?

10. **Question Ref:** Q_1455  
**Question Type:** Threshold

Does the applicant business attest that the OJT will take place during the employee's regularly scheduled work hours/shift for which the employee has been hired?

11. **Question Ref:** Q_1456  
**Question Type:** Threshold

Has the proposed On-the-Job Training program period been limited to the span of time required for the trainee to become proficient in his required job duties?

12. **Question Ref:** Q_1200  
**Question Type:** Threshold

Does the applicant business attest that it will work with NYSDOL to identify candidates for employment/OJT that are long-term unemployed?

HELP SECTION
Long term unemployed individuals are those who have been unemployed for 26 weeks or more.

The local One Stop Career Center can assist in identifying appropriate jobseekers for either employment or training opportunities. Your nearest One Stop Career Center can be located by using the following link:

http://www.labor.ny.gov/workforcenypartners/osview.asp

13. **Question Ref:** Q_1049  
**Question Type:** Basic

   Contact Last Name

14. **Question Ref:** Q_1050  
**Question Type:** Basic

   Contact Title

15. **Question Ref:** Q_1051  
**Question Type:** Basic

   Additional Contact Title

16. **Question Ref:** Q_1052  
**Question Type:** Basic

   Additional Project Contact First Name

17. **Question Ref:** Q_1603  
**Question Type:** Basic

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

18. **Question Ref:** Q_1604  
**Question Type:** Basic

   If yes, with which agency(s)?
19. **Question Ref:** Q_1605  
**Question Type:** Basic

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

20. **Optional Question Header:**

**Applicant Information**

**Question Ref:** Q_546  
**Question Type:** Basic

Legal Name of Applicant

21. **Question Ref:** Q_547  
**Question Type:** Basic

Contact First Name

22. **Question Ref:** Q_549  
**Question Type:** Basic

Type of Applicant (select all that apply)

23. **Question Ref:** Q_550  
**Question Type:** Basic

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

24. **Question Ref:** Q_551  
**Question Type:** Basic

Applicant Street Address

25. **Question Ref:** Q_552  
**Question Type:** Basic

Applicant City

26. **Question Ref:** Q_553  
**Question Type:** Basic

Applicant State
27. **Question Ref:** Q_554  
**Question Type:** Basic

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

28. **Question Ref:** Q_555  
**Question Type:** Basic

Applicant Email Address

29. **Question Ref:** Q_561  
**Question Type:** Basic

Additional Contact Email Address

30. **Question Ref:** Q_562  
**Question Type:** Basic

Additional Contact Phone Number. (please include area code)

31. **Question Ref:** Q_565  
**Question Type:** Basic

Project City

32. **Question Ref:** Q_568  
**Question Type:** Basic

Project State

33. **Question Ref:** Q_573  
**Question Type:** Basic

Project Longitude

HELP SECTION

[Click HERE to determine Longitude](#)

34. **Optional Question Header:**

**Project Description**
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.

35. **Question Ref:** Q_651  
**Question Type:** Basic

Applicant Telephone Number, (please include area code)

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_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.

39. **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.

40. **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)?

41. **Question Ref:** Q_970  
**Question Type:** Basic

Additional Project Contact Last Name

42. **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.

43. **Question Ref:** Q_972  
**Question Type:** Basic

Project county or counties.

44. **Question Ref:** Q_976  
**Question Type:** Basic

Statement of Need

HELP SECTION

Provide a brief summary of the need for the project in the geographic area proposed, the project's financing needs, including funding gaps and, where applicable, describe the additional short and long term jobs that will be created through the development of the proposed project.

45. **Question Ref:** Q_1034  
**Question Type:** Basic

Project Zip Code. (please use Zip+4 if known)
46. **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](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.

47. **Question Ref:** Q_341  
**Question Type:** Attachment

The NYS DOL "Workforce Investment Act Regulations Sections 663.595, 663.700, 663.710" has been attached for informational purposes only.

**HELP SECTION**


48. **Question Ref:** Q_346  
**Question Type:** Attachment

The NYS DOL "General Information for Successful Bidders" has been attached for informational purposes only.

**HELP SECTION**


49. **Question Ref:** Q_386  
**Question Type:** Attachment
The NYS DOL "Workforce Investment Act Section 505" has been attached for informational purposes only.

HELP SECTION


50. **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


51. **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.
52. **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](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.

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53. **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**


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54. **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.

55. **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.

56. **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](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.

57. **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**


58. **Question Ref:** Q_1742  
**Question Type:** Standard Question

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

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.
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.

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.

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

Identify and describe the necessary steps, timeframes, resources and responsibilities for implementation of the proposed training, and the method of delivery for the training.

Specify the number of OJT positions to be filled.

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

Provide the job description for each position for which training will take place.
67. **Question Ref:** Q_1219  
**Question Type:** Standard Question

Specify the job location for each individual to be trained.

68. **Question Ref:** Q_283  
**Question Type:** Standard Question

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

69. **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.

70. **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.

71. **Question Ref:** Q_211  
**Question Type:** Standard Question
Specify the hourly wage rate of the individual(s) to be trained.

72. Question Ref: Q_1218  
   Question Type: Standard Question

   Specify the OJT start date for each individual to be trained.

73. Question Ref: Q_1216  
   Question Type: Standard Question

   Specify the OJT end date for each individual to be trained.

74. 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.

75. Question Ref: Q_213  
   Question Type: Standard Question

   Specify the total OJT hours for each individual to be trained.

76. 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.

77. **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.