

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

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.

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> 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

Please download a copy of "Workforce Investment Act Regulations Sections 663.595, 663.700, 663.710" at <http://www.labor.ny.gov/CFA/wia-regulations-sections-663-595-700-710.pdf> for reference purposes.

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

Please download a copy of "General Information for Successful Bidders" at <http://www.labor.ny.gov/CFA/general-information-for-successful-bidders.pdf> for reference purposes.

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

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

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

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.

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> 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.

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

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.

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>. 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

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.

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.

60. **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.

61. **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

62. **Question Ref:** Q_299

Question Type: Standard Question

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

63. **Question Ref:** Q_764

Question Type: Standard Question

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

64. **Question Ref:** Q_1254

Question Type: Standard Question

Specify the number of OJT positions to be filled.

65. **Question Ref:** Q_1279

Question Type: Standard Question

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

66. **Question Ref:** Q_1220

Question Type: Standard Question

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.
