Program Questions:
SEMICONDUCTOR MANUFACTURING WORKFORCE TRAINING INCENTIVE PROGRAM

Q_18248

Will the business entity provide training that meets all the eligible training criteria below?
1. It will upgrade, retrain or improve the productivity of employees;?
2. It will satisfy a business need on the part of the participating business entity;
3. It is not designed to train or upgrade skills as required by a federal or state entity; and
4. It is structured to result in measurable advancements in skills and competencies that will contribute to opportunities for advancement for employees who complete the training.?

Q_18249

Does the business entity meet all of the following criteria?
1. The business entity operates New York State as a semiconductor manufacturing business or a manufacturing business; and
2. The business entity can demonstrate that it is conducting eligible training or obtaining eligible training from a third-party provider; and?
3. The business entity can demonstrate it is in compliance with all worker protection and environmental laws and regulations.
4. The business entity can demonstrate that it does not owe past due state taxes or local property taxes.?

Q_18250

Will expenses included in this project (including wages) be used to claim any other NYS tax credit?

Q_18498

Are you applying for the Workforce Training Tax Incentive as a Manufacturing Business or a Semiconductor Manufacturing Business?

Q_928

Project Street Address: Please input the project street address (**Street Number and Street Name only**).

If the project has multiple locations, please input the primary street address of the project. If the project does not have a definite street address, please input the approximate street address of the project (Street Number and Street Name only).

Q_565

Project City

Q_568

Project State

- Choice Options: AA,AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY,AS,DC,FM,GU,MH,MP,PW,PR,VI

Q_1034

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

Q_972

Project county or counties.

Q_616

For more than one project location, please provide full address(es) for each location. If Not Applicable, indicate "NA".

Q_572

Project Latitude (This question's value will be filled automatically, based on the project address, when the application is finalized.)

Q_573

Project Longitude (This question's value will be filled automatically, based on the project address, when the application is finalized.)

Q_184

NYS Assembly District where the project is located. (This question's value will be filled automatically, based on the project address, when the application is finalized.)

Q_190

NY Senate District where the project is located. (This question's value will be filled automatically, based on the project address, when the application is finalized.)

Q_3527

US Congressional District where the project is located. (This question's value will be filled automatically, based on the project address, when the application is finalized.)

- Choice Options: 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27

Q_549

Type of Applicant (select one)
Applicants will first select a single applicant type from the categories below and then a subtype based on their initial selection. Applicants should review the selections below which provides a list of subtypes by main applicant type.

1. For Profit entity options:
Limited Liability Corporation (LLC)
Limited Liability Partnership (LLP)
Sole Proprietorship
S Corporation
C Corporation
Limited Partnership (LP)
Other- applicant will be required to list their other for-profit designation.

2. Not-for profit entity options:
501(c)(1) Any corporation that is organized under an act of Congress that is exempt from federal income tax;
501(c)(2) Corporations that hold a title of property for exempt organizations;
501(c)(3) Corporations/funds/foundations that operate for religious/ charitable/ scientific/ literary/ educational purposes;
501(c)(4) Nonprofit organizations that promote social welfare;
501(c)(5) Labor, agricultural, or horticultural associations;
501(c)(6) Business leagues/chambers of commerce/etc. that are not organized for profit;
501(c)(7) Recreational organizations; and
Other- applicant will be required to list their other not-for-profit designation.

3. Government entity options:
Federal
State
County
City
Town
Village
Tribal
School District
County or Town Improvement District
District Corporation
Public Authority
Business Improvement District
Fire District
Board of Cooperative Education Services (BOCES)
Public Library
Association Library
Other- applicant will be required to list their other government designation.

- Choice Options: For-Profit, Not-for-Profit, Government
- This is a conditional question.
  1. If **For-Profit** is selected then **Q_15475** will be displayed
  2. If **Government** is selected then **Q_15478** will be displayed
  3. If **Not-for-Profit** is selected then **Q_15477** will be displayed

Q_12603

Is the applicant a DBA?

- This is a conditional question.
  1. If **Yes** is selected then **Q_550** will be displayed

Q_550

What is the applicant's DBA name?

- This is a conditional question based on the answer to **Q_12603**. This question displays when selecting the answer: "**Yes**"

Q_969

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

- Choice Options: Yes, No, N/A

Q_546

Organization Legal Name

Q_5416

Applicant First Name

Q_5417

Applicant Last Name

Q_551

Applicant Street Address

Q_552

Applicant City

Q_553

Applicant State

Q_554

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

Q_651

Applicant Telephone Number (please include area code)

Q_555

Applicant Email Address

Q_547

Contact First Name

Q_1049

Contact Last Name

Q_1050

Contact Title

Q_5490

Primary Organization

Q_3688

Contact Street Address

Q_3689

Contact City

Q_3690

Contact State

Q_3691

Contact ZIP Code (please use ZIP+4 if known)

Q_562

Primary Contact Phone Number. (please include area code)

Q_3692

Contact Email

Q_5476

Contract First

Q_5477

Contract Last

Q_5478

Contract Title

Q_5491

Authorized Organization

Q_5479

Contract Street

Q_5480

Contract City

Q_5481

Contract State

Q_5482

Contract Zip (please use ZIP+4 if known)

Q_5483

Contract Phone (please include area code)

Q_5484

Contract Email

Q_1052

Additional Project Contact First Name

Q_970

Additional Project Contact Last Name

Q_1051

Additional Contact Title

Q_5492

Additional Organization

Q_3693

Additional Contact Street Address

Q_3694

Additional Contact City

Q_3695

Additional Contact State

Q_3696

Additional Contact ZIP (please use ZIP+4 if known)

Q_3697

Additional Contact Telephone Number (please include area code)

Q_561

Additional Contact Email Address

Q_15475

Select the for-profit entity of the applicant applying for funding:

- Choice Options: Limited Liability Corporation (LLC), Limited Liability Partnership (LLP), Sole Proprietorship, S Corporation, C Corporation, Limited Partnership (LP), Other

- This is a conditional question.
    1. If **Other** is selected then **Q_15483** will be displayed
- This is a conditional question based on the answer to Q_549. This question displays when selecting the answer: "**For-Profit**"

Q_15483

Enter the applicant's 'Other' for-profit entity designation.

- This is a conditional question based on the answer to Q_15475. This question displays when selecting the answer: "**Other**"

Q_15477

Select the not-for-profit entity of the applicant applying for funding:

- Choice Options: 501(c)(1) Any corporation that is organized under an act of Congress that is exempt from federal income tax, 501(c)(2) Corporations that hold a title of property for exempt organizations, 501(c)(3) Corporations/funds/foundations that operate for religious/charitable/scientific/literary/educational purposes, 501(c)(4) Nonprofit organizations that promote social welfare, 501(c)(5) Labor/agricultural/horticultural associations, 501(c)(6) Business leagues/chambers of commerce/etc. that are not organized for profit, 501(c)(7) Recreational organizations, Other
- This is a conditional question.
    1. If **Other** is selected then **Q_15484** will be displayed
- This is a conditional question based on the answer to Q_549. This question displays when selecting the answer: "**Not-for-Profit**"

Q_15484

Enter the applicant's 'Other' not-for-profit entity designation.

- This is a conditional question based on the answer to Q_15477. This question displays when selecting the answer: "**Other**"

Q_15478

Select the government entity of the applicant applying for funding:

- Choice Options: Federal, State, County, City, Town, Village, Tribal, School District, County or Town Improvement District, District Corporation, Public Authority, Business Improvement District, Fire District, Board of Cooperative Education Services (BOCES), Public Library, Association Library, Other
- This is a conditional question.
    1. If **Other** is selected then **Q_15485** will be displayed
- This is a conditional question based on the answer to Q_549. This question displays when selecting the answer: "**Government**"

Q_15485

Enter the applicant's 'Other' government entity designation.

- This is a conditional question based on the answer to Q_15478. This question displays when selecting the answer: "**Other**"

Q_2331

Attach an organizational chart along with a brief description of the ownership structure. Please specify the ownership of the applicant’s business including the names of principal owners, include the percentage of ownership for each individual entity (if applicable), and if the company is a parent, subsidiary and/or affiliate of another company, please provide a description of the relationship. Additional financial information may be requested.

Q_18263

Please provide any other relevant information to show how the project provides training and improvements to the workforce, and/or any additional context/documentation related to your training program plan.

*It is recommended that you zip these additional files together in a single pdf for upload.

Q_3134

A third party completing this application is required to disclose their name, company and contact name. Is a third party completing this application?

- This is a conditional question.
    1. If **Yes** is selected then **Q_3136** will be displayed

Q_3136

Provide the third party name and contact info.

- This is a conditional question based on the answer to Q_3134. This question displays when selecting the answer: "**Yes**"

Q_1339

Applicant website

Q_13303

Please provide your Federal Employer Identification Number (FEIN). If you do not have a FEIN enter NA.

Q_19132

Has the applicant entity retained a Professional Employment Organization (PEO) for any of its workforce, or do they plan to for the upcoming years?

- This is a conditional question.
    1. If **Yes** is selected then these questions will be displayed:
        - Q_19133
        - Q_19134

Q_19133

What is the Name of the Professional Employment Organization (PEO)?

- This is a conditional question based on the answer to Q_19132. This question displays when selecting the answer: "**Yes**"

Q_19134

What is the Professional Employment Organization's FEIN?

- This is a conditional question based on the answer to **Q_19132**. This question displays when selecting the answer: "**Yes**"

Q_1142

Indicate the Primary North American Industrial Classification System (NAICS) Code associated with the activity of the business at the project location.

Q_5590

Please provide a concise narrative describing the applicant’s history and current operations. Include information about company/organization size, products, services, market share, position within the industry, competitors and the year in which the company was formed, etc.

Q_18252

Please select the type of business you are applying as for the Workforce Training Tax Incentive Program.

- Choice Options: Manufacturing Business, Semiconductor Manufacturing Business

Q_18253

Is the proposed workforce training project a new program or an existing program?

- Choice Options: New Program, Existing Program

Q_18508

Provide a comprehensive description of the proposed workforce training project.

Q_18257

Provide a detailed timeline for the training program, indicating a start and end date and the number of trainees expected in each session.

*Please note that participants accepted into the program have two (2) years from the date of eligibility to submit a final request for the tax credit being offered.

Q_18258

Specify the primary location where the training will take place.

- Choice Options: Virtually, Business Location, Third Party Provider Location, Other Address

Q_18509

What specific skills and types of training will be provided to participants?

Q_18259

Will trainees earn any type of credentials or certification?

- This is a conditional question.
    1. If **Yes** is selected then **Q_18260** will be displayed

Q_18260

List any transferable credentials or certifications that participants will have the opportunity to earn upon completion and who the certifying body is of the credential or certification.

- This is a conditional question based on the answer to **Q_18259**. This question displays when selecting the answer: "**Yes**"

Q_18262

Training programs are required to be structured to result in measurable advancements in skills and competencies that will contribute to opportunities for advancement for employees who complete the training. Please indicate how assistance will be provided for opportunities for advanced job placement within the company upon completion of training.

Q_18511

Describe any other expected outcomes and specific deliverables that will result from this project.

Q_18510

Describe the wraparound services (such as childcare, transportation, or coaching) that will be provided to ensure participant success.

Q_18256

How many new Full-Time Equivalent (FTE) positions does the business plan to hire and train within the eligible time frame?

*Time frame for eligible hires= the 12-month period before and after the Application Submission Date

**Please note, that upon completing of the training program, eligible participants will be required to submit a final application to receive credits in which documented costs and proof of payments will be required.

Q_19000

What is the total estimated gross wage amount expected to be paid to the FTEs listed above during the training program? Please input a single total for wages.

*Please note, that upon completing of the training program, eligible participants will be required to submit a final application to receive credits in which documented costs and proof of payments will be required.

Q_19001

Indicate the anticipated cost of training program and wrap around services directly related to the training program.

*Please note, that upon completing of the training program, eligible participants will be required to submit a final application to receive credits in which documented costs and proof of payments will be required.

Q_19003

Based on the program's guidelines, what is the total tax credit amount the business plans to request for the training of the newly hired Full Time Employees?

*The amount of the credit shall be equal to 75 percent of wages, salaries or other compensation, training costs, and wraparound services up to a credit of $25,000 per employee receiving eligible training. The credit amount shall not exceed $1 million per eligible manufacturing business or $5 million per eligible semiconductor manufacturing business. Such credit limits shall apply to the lifetime of the eligible manufacturing business or semiconductor manufacturing business.

*Please note, this is not a guarantee of the credit amount, but an estimate provided by the business to help provide context to the training program. Upon completion of the training program, eligible participants will be required to submit a final application to receive credits in which documented costs and proof of payments will be required.

Q_18254

Will the training be offered by the employer or a 3rd party trainer?

- Choice Options: Employer, 3rd Party Trainer
- This is a conditional question.
    1. If **3rd Party Trainer** is selected then these questions will be displayed:
        - **Q_18255**
        - **Q_18499**
        - **Q_18500**
        - **Q_18501**
        - **Q_18502**
        - **Q_18503**
        - **Q_18504**
        - **Q_18505**
        - **Q_18506**
        - **Q_18507**

Q_18500

Organization Legal Name

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18501

Organization Address

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18504

Org City

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18505

Org State

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18506

Org Zip

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18255

First Name

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18499

Last Name

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18502

Contact Email

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18503

Contact Phone

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_18507

Provide a brief description of third-party trainer knowledge and experience in providing such trainings.

- This is a conditional question based on the answer to **Q_18254**. This question displays when selecting the answer: "**3rd Party Trainer**"

Q_12654

Has the applicant applied for and/or been awarded funding from other New York State or local entities for this project?

- This is a conditional question.
  1. If **Yes** is selected then these questions will be displayed:
     - **Q_12655**
     - **Q_13264**

Q_12655

Please detail the funding applied to for this project and the entity administering the funding. Do not include funding that has been awarded.

- This is a conditional question based on the answer to **Q_12654**. This question displays when selecting the answer: "**Yes**"

Q_13264

Please detail the funding awarded to this project and the entity administering the funding.

- This is a conditional question based on the answer to **Q_12654**. This question displays when selecting the answer: "**Yes**"

Q_13265

Has the applicant applied to and/or been awarded funding from a local IDA?

- This is a conditional question.
  1. If **Yes** is selected then these questions will be displayed:
     - **Q_13266**
     - **Q_13267**

Q_13266

Please detail the funding applied for this project and the entity administering the funding. Do not include funding that has been awarded.

- This is a conditional question based on the answer to **Q_13265**. This question displays when selecting the answer: "**Yes**"

Q_13267

Please detail the funding awarded to this project and the entity administering the funding.

- This is a conditional question based on the answer to **Q_13265**. This question displays when selecting the answer: "**Yes**"

Q_12656

Has this project received offers or is it seeking funding opportunities from other states beside New York?

- This is a conditional question.
  1. If **Yes** is selected then **Q_12657** will be displayed

Q_12657

Please provide detail on other sites and amount/status of incentive offer.

- This is a conditional question based on the answer to **Q_12656**. This question displays when selecting the answer: "**Yes**"

Q_6069

Does your application contain 1) trade secrets, (2) information that, if disclosed, would cause substantial injury to the competitive position of your organization, or (3) critical infrastructure information? (All efforts should be made to provide such Information in the questions marked as “restricted.”)

- This is a conditional question.
  1. If **Yes** is selected then **Q_6070** will be displayed

Q_6070

Please identify the Question # and specific language for those portions of your application and accompanying documents you believe fall under these exemptions, and provide a detailed justification for the exemption from disclosure. See 'Click Here for Question Requirements' for formatting and additional information.

- This is a conditional question based on the answer to **Q_6069**. This question displays when selecting the answer: "**Yes**"

Q_15921

Is there any additional information you wish to provide that is relevant to your organization or project to be considered? If so, please provide.

Q_14398

Do you wish to learn more about incentives for establishing or expanding childcare services on site or nearby?

Q_14323

Does your company take advantage of or is considering taking advantage of employer provided childcare federal and state credits?

Q_14324

Does your company offer or is your company considering offering dependent care flexible spending accounts?

Q_1038

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.

Q_7341

By entering your name in the box below, you certify, under penalty of perjury, that the information given herein is true and correct in all respects for the company or organization applying for funding (the "Company"), presently and for the past five years: -the Company is not a party to any litigation or any litigation is not pending or anticipated that could have an adverse material effect on the company's financial condition;

-the Company does not have any contingent liabilities that could have a material effect on its solvency;

-the Company, its affiliates or any member of its management or any other concern with which such members of management have been officers or directors, have never been involved in bankruptcy, creditor's rights, or receivership proceedings or sought protection from creditors;

-the Company is not delinquent on any of its state, federal or local tax obligations;

-No principal, officer of the Company, owner or majority stockholder of any firm or corporation, or member of the management has been charged or convicted of a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a judgment, or the subject of an investigation, whether open or closed, by any government entity for a civil or criminal violation for: (i) any business-related activity including, but not limited to, fraud, coercion, extortion, bribe or bribe receiving, giving or accepting unlawful gratuities, immigration or tax fraud, racketeering, mail fraud, wire fraud, price fixing or collusive bidding; or (ii) any crime, whether or not business related, where the underlying conduct relates to truthfulness, including but not limited to, the filing of false documents or false sworn statements, perjury or larceny;

-the Company or any of the Company's affiliates, principal owners or Officers has not received a violation of State Labor Law deemed "willful";

-the Company or any of its affiliates has never been cited for a violation of State, Federal, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or other operating practices;

-there are not any outstanding judgments or liens pending against the Company other than liens in the normal course of business.

-the Company or any of its affiliates, principal owners or officers the company has not been the subject of any judgments, injunctions, or liens including, but not limited to, judgments based on taxes owed, fines and penalties assessed by any governmental agency, or elected official against the Company.

- the Company or any of its affiliates, principal owners or officers the company has not been investigated by any governmental agency, including, but not limited to, federal, state and local regulatory agencies

-the Company or any of its affiliates, principal owners or officers the company has not been debarred from entering into any government contract; been found non-responsible on any government contract; been declared in default ore terminated for cause on any government contract; been determined to be ineligible to bid or propose on any contract; been suspended from bidding on any government contract; received an overall unsatisfactory performance rating from any government agency on any contract; agree to a voluntary exclusion from bidding or contracting on a government contract.

- the Company or any of its affiliates, principal owners or officers the company has not failed to file any of the required forms with any government entity regulating the Company. By entering your name in the box below, you agree to allow the Department of Taxation to share the Company tax information with ESD. By entering your name in the box below, you agree to allow the Department of Labor to share tax and employer information with ESD. Note: If any of the statements above are not true, in addition to entering your name, also include an explanation in the box below, indicating which issue you are addressing.