WORKFORCE 20/20 FUNDING APPLICATION

JSND/WORKFORCE PROGRAMS

SFN 19511 (R. 11-15)

Title of Project			
Proposed Start Date	Proposed End Date		
Employer	FEIN		
Street Address	City	State	ZIP Code
☐ New Business	☐ Expanding Business	☐ Existing Business	
Telephone Number	Fax Number	Contact name / Email	
Signature	Title		
Printed Name	Date		

Business Information (complete this if you have not used Workforce 20/20 within the last 2 years)

Identify the purpose of your business; i.e., manufacturing, service. Provide a brief history, description, and outline of the service or product you provide.

Applications should be submitted at least two weeks prior to the start of training.

These documents need to be attached to the application:

1. Agenda/Printout showing the skills to be trained.
2. Contract(s)/Invoice showing the costs requested.

Training Statement of Need:

This training is needed because of new technology, new equipment or significant changes in business operations or production (individual or business) ..... ☐ Yes ☐ No

Describe the training need:

Is this training substantive (at least 4 hours long)? ..... ☐ Yes ☐ No

Is this training essential for job retention or new job creation? ..... ☐ Yes ☐ No

Identify the total number of participants to be trained.

How many participants are North Dakota residents?

What is the average hourly wage of the North Dakota residents?

What are their job classifications?

Will the participants be paid their regular wage during training?..... ☐ Yes ☐ No

Who will provide the training? (NO In-house trainers)

If the trainer is from outside of North Dakota, why did you choose them?

Where will the training be held?

How many training session will be held?

Will follow-up training be required? ..... ☐ Yes ☐ No

If so , What follow up training?

Cost Calculations:

- ALL expected costs should be included in the Total Project Budget – "A"
- Only employee wages should be in the Employer Contribution column – "B"
- Workforce 20/20 funding requested should be everything except the wages. – "C"
- Below-Document how each total was reached. Then add totals to the table boxes.

Registration fee per ND participant:*1 X ND Total = $0.00

Other Trainer costs:*1

Additional fees, Rental Facility fee*2 or *3

Supply costs:*4

Employee travel costs:*5

*6 Wages while in training can't be funded but are considered part of a required employer contribution in Totals A&B

	A: Total Project Budget	B: Employer Contribution (wages)	C: Workforce 20/20 funding Request
*1 Contract cost, trainer travel, registration fees			
*2 Additional fees (specify)			
*3 Rental Facility			
*4 Training supplies, books, rented training equipment			
*5 Employee travel, motel, car			
*6 ND Employee wages while in training			
Total Cost	A: $0	B:	C: $0

Submit application and required documentation to:

MAIL: Job Service ND, Workforce 20/20, PO Box 5507, Bismarck, ND 58506-5507

EMAIL: jswf2020@nd.gov. (*Original signature not required).*

FAX: 701-328-4894

Questions? 701-328-3358 www.jobsnd.com/business/funding-workforce-training

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Auxiliary aids and services are available upon request to persons with disabilities.