
**Guam State Apprenticeship Agency
Apprenticeship GUAM Expansion Grant
TRAINING FUND PROGRAM
APPLICATION
PY 2017-2018**

(Business name as it would appear on contract)

American Job Center
710 West Marine Corp Drive,
Suite 301
Bell Tower Plaza
Hagatna, Guam 96910
Phone: (671) 475-7000

An equal opportunity employer program.
Auxiliary aids and devices are available upon request to individuals with disabilities.

<http://dol.guam.gov/>
<https://www.hireguam.com>

ApprenticeshipGUAM Expansion Grant Training Fund Application

SECTION 1. Company Information **All fields in Section 1 are Required**

Company Name:		
Street/Mailing Address:		
Physical Address:		
City:	Zip:	County:
Company Contact Person:		Title:
Phone:		Fax:
E-Mail Address:		Company URL:
Alternate Contact Person:		Title:
Phone:	Ext:	Fax:
E-Mail Address:		Company URL:
Is your company a subsidiary of another company or affiliated with a parent company? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide the following information about the corporate office/parent company, if different from above, or indicate "SAME"		Parent Company Name:
<i>*Date of Operation is pertinent to the location of the Guam Business. Verification of business operation will be requested if the Department of Revenue & Taxation shows business filing date to be less than 1 year and a day.</i>		Street/Mailing Address:
		City/State:
		Company Contact Person:
		Phone: Ext: Fax:
		Company Email Address:
*Years in Operation in Guam		
Date of Inception:	*Years in Business:	Total # Full-time Employees at this location:
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit <input type="checkbox"/> Leased <input type="checkbox"/> Other:	<input type="checkbox"/> Corporation <input type="checkbox"/> Other:
Employer's FEIN#:	Rapids Program ID#:	
Guam Tax #:		
Is your company current on all Guam tax obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please estimate the total amount your company will spend on training in 2017/2018:		
I or this company certify having NOT received a federal debarment notice		<input type="checkbox"/> Yes, certify having NOT received one <input type="checkbox"/> No
Is your company receiving/applying for any other federal training funds? If yes please list the name of the Program or Type of Grant <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Grant:	Amount of Award:	
Year Award was received:	Year training was complete:	
Is your company currently receiving Federal funding from other sources that require the company to comply with The Federal Single Audit Act? (please refer to guidelines concerning this issue) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state the source(s) and the \$ amount(s):		
Description of your business, product(s) and/or service(s):		

Amount of Grant Request:	Number of FT Employees to be trained: (must be Guam residents)
Training start date: (on or after 5/1/17)	Training end date:
If this company is minority-owned, please check the appropriate box:	
<input type="checkbox"/> Chamorro/Pacific Islander owned	<input type="checkbox"/> African-American owned
<input type="checkbox"/> Asian-American owned	<input type="checkbox"/> Women-owned
<input type="checkbox"/> Hispanic-American owned	<input type="checkbox"/> Other minority-owned (specify): _____
<input type="checkbox"/> Veteran owned	<input type="checkbox"/> _____
Our company is:	
<input type="checkbox"/> Allied Health Industry	<input type="checkbox"/> Hospitality Industry
<input type="checkbox"/> Construction Industry	<input type="checkbox"/> Telecommunications Industry
	<input type="checkbox"/> Other - _____

SECTION 2. Training Provider Information

(This information is needed for each **private** training provider in addition to their resume)

The training providers will be:		
<input type="checkbox"/> Public training institution	<input type="checkbox"/> Private training institution	
<input type="checkbox"/> Company employee	<input type="checkbox"/> Private instructor	
<i>(No resume needed)</i>		
Training will be delivered:		
<input type="checkbox"/> On-site	<input type="checkbox"/> At the training institution	<input type="checkbox"/> At a remote location
<input type="checkbox"/> Online		
Name of Training Provider(s):		
Name of Training Provider Contact:		Phone:
Address:		
City:	State:	Zip:
E-Mail Address:		
CIP#		
The training providers will be:		
<input type="checkbox"/> Public training institution	<input type="checkbox"/> Private training institution	
<input type="checkbox"/> Company employee	<input type="checkbox"/> Private instructor	
<i>(No resume needed)</i>		
Training will be delivered:		
<input type="checkbox"/> On-site	<input type="checkbox"/> At the training institution	<input type="checkbox"/> At a remote location
<input type="checkbox"/> Online		
Name of Training Private Provider(s):		
Name of Training Provider Contact:		Phone:
Address:		
City:	State:	Zip:
E-Mail Address:		
CIP#		

****If more Training Provider Information boxes are needed, please feel free to copy and paste additional boxes to this page and additional pages.**

SECTION 3. Training Program Budget

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget timeline.

BUDGET CATEGORY	TOTAL COSTS	FUNDS REQUESTED	EMPLOYER Contributions*
1. Tuition Required Field			
2. Manuals/Textbooks:			
3. Support Services a. Personal Protective Equipment b. Transportation c. Identification Cards			
Sub Total			
Trainee Wages Required Field (including benefits)			
Indirect Costs			
TOTALS Required Field			
Cost per Trainee = TOTAL Required Field			
Employer's Annual Future Contribution Ratio = Required Field			

*Note: Businesses will be required to provide explanation of future costs of the related training costs for remainder of apprenticeship.

SECTION 4. Anticipated Outcomes of the Training Project Required

This section is extremely important and is factored in for a grant approval.

Please check the boxes that apply to the anticipated outcomes of the proposed training project AND indicate the estimated number of jobs/employees impacted.

<input type="checkbox"/> Will create _____ new jobs within our company	<input type="checkbox"/> Will improve the short-term wage levels of trainees
<input type="checkbox"/> Will create _____ openings in entry-level positions	<input type="checkbox"/> Will improve the long-term wage levels of trainees
<input type="checkbox"/> Will save _____ jobs within our company	<input type="checkbox"/> Critical to the long-term viability of our company
<input type="checkbox"/> Will lower employee turnover at our company and retain _____ jobs, as a result	<input type="checkbox"/> Will make this location more competitive within company
<input type="checkbox"/> Will promote _____ employees within our company	<input type="checkbox"/> Would help prevent company from having to relocate operations
<input type="checkbox"/> Will enable _____ employees to receive certifications or credentials	<input type="checkbox"/> Will make this location more competitive within company
<input type="checkbox"/> Will increase the efficiency of our company	<input type="checkbox"/> Will assist in the training of veterans
<input type="checkbox"/> Will enable our company to gain more business	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will increase the profitability of our company	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will be an important component of our company's overall workforce employee development efforts	
<input type="checkbox"/> Will assist in the improvement of international trade opportunities	

SECTION 5. Certification by Authorized Company Representative

NOTICE OF CONFIDENTIALITY OF INFORMATION

To the extent feasible and permissible by law, Guam State Apprenticeship Agency (SAA) will honor an applicant's request that confidential information submitted to SAA will remain confidential. SAA will treat the information confidential only if: (i) the information is in fact protected confidential information such as trade secrets or privileged or confidential commercial or financial information, (ii) the information is specifically marked and identified as confidential by the applicant, (iii) the information is segregated and placed in a separate appendix to the application, and (iv) no disclosure of the information is required by law or judicial order. If the application results in a grant, the honoring of the confidentiality of identified data shall not limit SAA's right to disclose the details and results of this award to the public.

MANAGEMENT CERTIFICATION

I hereby certify that I have read the foregoing application and that the information contained herein is true and accurate to the best of my knowledge and belief. Furthermore, to the best of my knowledge and belief, our company and/or organization does not have any outstanding liabilities to the Government of Guam. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

TERMS, CONDITIONS & ASSURANCES CERTIFICATION

I hereby certify that I have read the terms, conditions and assurances posted on the Guam Department of Labor web site, and if awarded Expansion Grant Training Funds, I certify and hereby agree that our company and or/organization will abide by them for the term of the grant period.

[Note: The individual signing the application below must have authority to enter into contracts on behalf of the applying company.]

Signature:	Title:
E-mail Address:	
Phone:	Ext:
Print Name:	Date:

PLEASE ALLOW AT LEAST 15 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED from April 21, 2017.

Email original to:
Registered Apprenticeship Program
apprenticeship@dol.guam.gov

How did you learn about the Guam Expansion Grant Training Fund Program?

APPLICATION PREPARED BY: (if different than authorized company representative, above)

Name:	Title:	Company:
E-mail Address:		Phone:
Address:		

Equal Opportunity Assurance Statement

As a condition of the proposal for this grant, the Applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

1. CFR Part 29.7(j) A statement that the apprentice shall be accorded equal opportunity in all phases of apprenticeship employment and training, without discrimination because of race, color, religion, national origin, sex, sexual orientation, age (40 or older), genetic information or disability;
2. Section 188 of the Workforce Innovation and Opportunity Act of 2015 (WIOA) which prohibits discrimination against all individuals in the United States on the basis of age, disability, sex, race, color, national origin, political affiliation or belief;
3. Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
4. Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities
5. The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and
6. Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

The Applicant also assures that it will comply with 29 C.F.R. Part 37 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIOA Title I – financially assisted program or activity, and to all agreements the grant applicant makes to carry out the Title I – financially assisted program or activity. The Contractor understands that Guam State Apprenticeship Agency and the United States have the right to seek judicial enforcement of the assurance.

By signing below, the Applicant certifies and assures that it will fully comply with the applicable assurances outlined above.

Name and Title of Authorized Representative

Applicant

Date

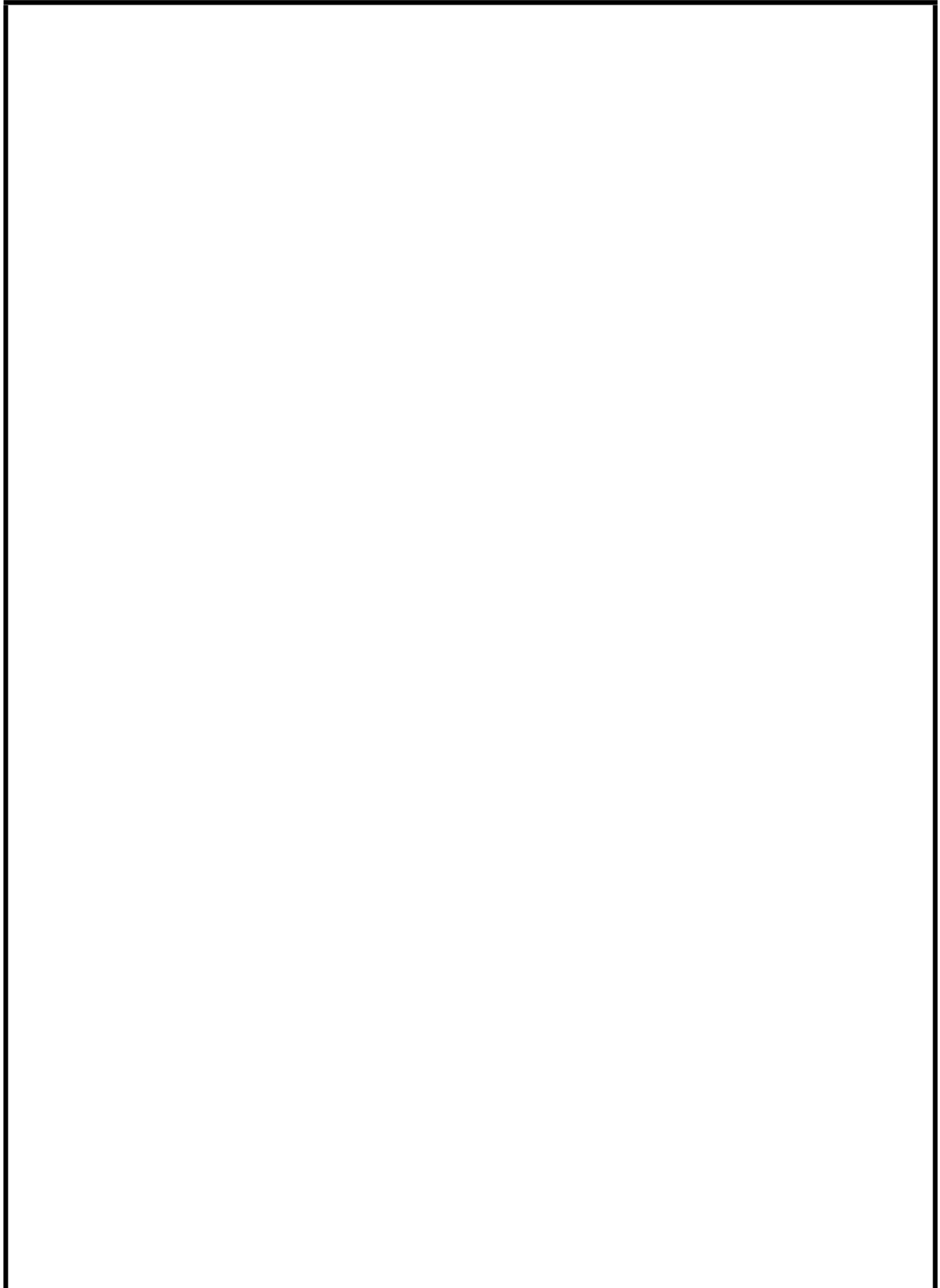
Note: This form MUST be signed and submitted with your application

A. Executive Summary (5 points)

Explain how the Expansion Grant Training Funds will benefit your organization's goal of adding new apprentice(s) in the Industry Cluster and selected Occupation(s). (5 points maximum)
Please limit response to 150 words.

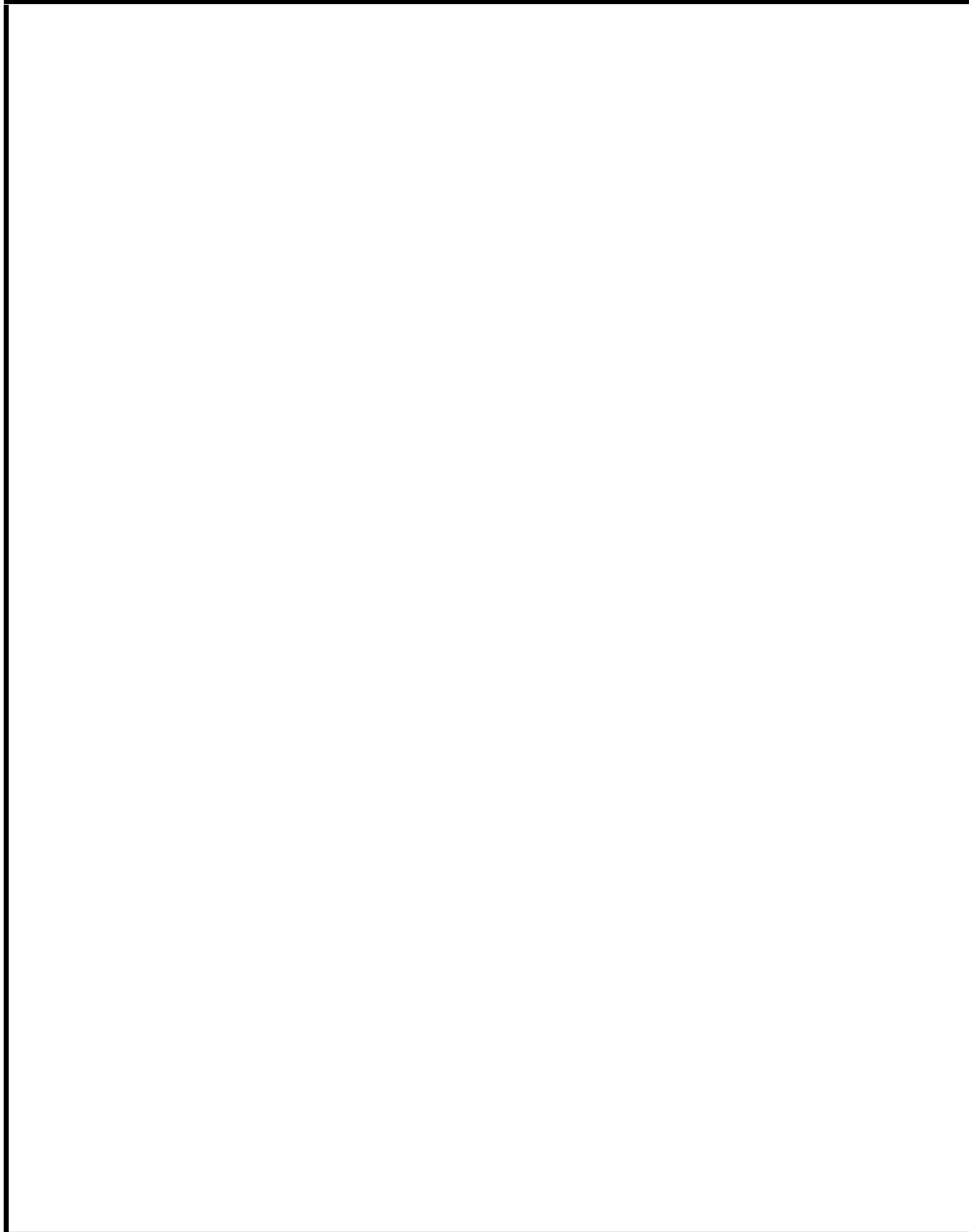
B. Needs Statement (2 points)

Provide Cost Breakdown of apprentice(s) annual Related Training Instruction. (2 points).

A large, empty rectangular box with a black border, intended for the user to provide a cost breakdown of apprentice(s) annual Related Training Instruction. The box is currently blank.

C. Program Description (5 points)

Identify two options of Related Instruction partners to fulfill educational component for your organization's apprentice(s) and explain how you will ensure related training instruction will be completed in established occupational term timeframe. (5 points maximum).



D. Employer Investment (5 points)

Identify financial resources to ensure organization has ample funding to continue related training instruction for apprentice(s) once Expansion Training Funds have exhausted after First Year of Related Training Instruction. (5 points maximum).

