



## **Employer Workforce Training Fund (EWTF)**

### **Multi-Purpose Project Form**

This form will serve as your project’s Application, for Revisions (if needed), and Final Report form. Please submit completed report to Robin Cope, EWTF Coordinator, [robinc@gorge.net](mailto:robinc@gorge.net), 541-296-8080.

Please check the appropriate box indicating type of report:

- EWTF Application/Project Description Form
- EWTF Project Description Form Revision due with any changes or if project is cancelled.
- EWTF Project Final Report Form due 30 days after project ends

**Shaded Areas are for Final report only**

Date Application Submitted:	Project #	PY
Employer ID #:		
Company Name(s):		
Address:		
Phone: (    )    -    Fax: (    )    -		
Email:		
Company Representative Name:		
Title:		

**Project Name:**

**Type of Training:**

**\*NAICS Code:**

\* you may look up the code at [www.naics.com/search.htm](http://www.naics.com/search.htm)

**Region: 9**

**Project Start Date:**

**Project End Date:**

**Industry Affiliation:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Healthcare        | <input type="checkbox"/> Clean Technology |
| <input type="checkbox"/> Agriculture             | <input type="checkbox"/> Tourism & Leisure | <input type="checkbox"/> Value-Added Ag.  |
| <input type="checkbox"/> Other (please identify) |  |   |

<b>Grant Funding</b>	<b>Planned</b>	<b>Final</b>
Grant Fund amount specific to training		
Grant Fund amount for training related activities		
Private Fund Contribution		

Was material or curriculum developed/ revised with Grant Funds?  No  Yes\*

- All materials produced must be sent electronically in original format to CCWD at the conclusion of the project. Material sent must include the item name, dates and NAICS industry code related to the training. **Items sent to CCWD?**  No  Yes

<b>Training Received</b>	<b>Planned</b>	<b>Final</b>
Unduplicated Number of Workers Trained		

<b>Number of Workers Receiving Training</b>		
<b>List industry recognized credentials or certificates as a result of this training</b>	<b># Employees Receiving Certificates Planned</b>	<b># Employees Receiving Certificates Final</b>
1.		
2.		
3.		
4.		
5.		
6.		

<b>Criteria Summary</b>	
Completion of the Grant funded training activity will lead to a high wage (Gilliam County: *\$13.75; Hood River County: \$13.70; Sherman County: *\$13.75; Wasco County: \$13.90; *Wheeler County *\$13.75) <input type="checkbox"/> Yes <input type="checkbox"/> No  Trainees' median wage before training: \$        /hr. Wage expected after training: \$        /hr. *Regional median wage used due to lack of county data	
Grant Funded training activity is connected to a high demand occupation or industry. <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Explain:</b>	
Grant Funded training activity is connected to a high skilled occupation. <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Explain:</b>	
Will Employees Receive Certification after Training? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe certificate	
Private Contribution—What percentage of grant request is matched by applicant?        % Private contribution is documented on the Employer Budget/Private Contribution Report on the next page.	
Is there anything you would like to add in support of your project that is not covered elsewhere in this form?	

### Employer Budget/Private Contribution Report

**Guidelines for use of training grant funds:**

- Expenses must be reasonable, necessary and reflect current cost trends to complete the proposed scope of work
- Budgets may not include costs incurred prior to the award of the contract, costs for completing this application form or costs for training already in place.
- The use of grant funds for capital outlays, equipment or food is not allowed.
- The use of grant funds for wages or stipends for workers while in training is not allowed.
- There must be at least \$1.20 in cash/non cash employer non federal contribution for each \$1 in grant dollars requested. Examples include salaries/fringe benefits of trainees while participating in project activities, use of property including equipment, space, loaned equipment (not to exceed fair rental value), etc.
- Expenses reported as contribution must be directly related to project implementation, be reasonable and verifiable.

<b>Applicant Name</b>		<b>Budget Detail</b>		
		<b>Budget Requested Amount</b>	<b>Planned Private Contribution Amount</b>	<b>Actual Private Contribution Amount</b>
1. Training	Tuition/Training Costs			
	Training Materials & Supplies			
2. Other Training Related Costs				
3. Salaries & Benefits	Staff Time in Training			
	Supervisory Staff Time			
	Other			
4. Other Materials & Services	Office Supplies			
	Facilities Costs			
	Equipment Usage			
	Other			
Total Funds Committed in Contract				
Total Actual Private Contributions Provided (must exceed 120% of grant request: \$ requested x 1.20 = required contribution)				

Provide budget narrative by line item.

Line 1:

Line 2:

Line 3:

Line 4:

A private contribution made to federally-funded programs must be documented. All contributions claimed as non-federal share must be substantiated by records that meet Generally Accepted Accounting Principles

I hereby certify that the above is a true statement of private contributions made by our business in support of the Grant Project.

\_\_\_\_\_ Responsible Official

\_\_\_\_\_ Date

**Training Plan & Training Provider Information**

**TRAINING PROVIDER**

Vendor Name:	
Vendor Contact:	
Address:	
Phone and Email Address:	

**GOODS/SERVICES INFORMATION**

<p><b>NEEDS STATEMENT</b></p> <p><i>Describe in detail the training plan and how it meets your needs.</i></p>	
<p><b>REQUIREMENTS</b></p> <p><i>Provide a brief technical explanation as to what qualifications are essential and <u>unique</u> to this training provider.</i></p>	
<p><b>PRICE REASONABLENESS</b></p> <p><i>What information do you have that can help validate price reasonableness?</i></p>	

**My signature below indicates that I understand that if the training of my employees is supported with funds under this application I must:**

- Track all expenditures related to this project separately from other company funds, and provide detailed invoices, including original receipts for training related expenses.
- Complete a final report at the end of the project providing both anecdotal information and data on the project’s outcomes. Final payment will not be made until the final report is accepted.
- Abide by non-discrimination laws in determining who is eligible to receive this training and in the delivery of training (federal non-discrimination laws apply to this funding).
- Have enough cash flow resources on hand to cover project costs in between invoices. Invoices may be submitted no more than once each month.
- Have the authority to sign this application on behalf of my organization.
- Agree that these funds will not displace routine, on-going, regularly scheduled training.
- Attest that there is no real or potential conflict of interest in acquiring this training service from the identified training provider. No real or potential financial gain exists for me, or for any member of my household, or any business with which I or a member of my household are associated.
- Attest that the business has been in operation in Oregon for at least 120 days.
- Attest that the business has not relocated within the last 120 and resulted in a loss of employment at any previous U.S. location.
- Agree that as the economic base in rural Oregon is unstable and all businesses are at risk of a future layoff, all skill development investments made on behalf of current workers are considered strategic in stabilizing this business to avert layoff.
- Agree to provide 1 paragraph overview of the project with quotes from a trained employee and/or other quotes regarding the success and impact of the project (i.e. job creation, job retention or wage gain) along with a digital photo to use in promotional programs by the State of Oregon.

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**Signature**

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**Typed Name and Title**

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**Date**

## Data by Project Complete Only for Project Final Report

Please provide the data for the following reporting elements:

### Demographic Information

Age:            14 - 17                            18                            19 – 21  
                   22 – 54                            55 – 65                            66 +

Gender:            Male                            Female

Ethnicity Hispanic / Latino:

Race:

American Indian or Alaska Native:

Asian:

Black or African American:

Hawaiian Native or other Pacific Islander:

White:

Other Race:

Information Not Voluntarily Reported: