



## APPENDIX A

### PRIMARY SECTOR WORKFORCE TRAINING GRANT PROGRAM PROJECT APPLICATION FORM

Please reference the WTG Application Guidelines for a complete explanation of the required application information.

#### **APPLICANT INFORMATION**

Business Name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Business' North American Industrial Classification System (NAICS) or Standard Industrial Classification (S.I.C.) Code (if known): \_\_\_\_\_

#### **PROJECT SUMMARY**

Total Amount of Grant Funds Requested: \_\_\_\_\_

Total Project Cost (must match Sources and Uses Statement): \_\_\_\_\_

Total Match (must match Sources and Uses Statement): \_\_\_\_\_

Current Employment Level: \_\_\_\_\_

Current Total Annual Payroll: \_\_\_\_\_

Total # of WTG eligible full-time jobs to be created: \_\_\_\_\_

Total # of WTG eligible part-time jobs to be created: \_\_\_\_\_

#### **PROPOSAL SUMMARY**

Please provide a brief summary of this proposal which describes what WTG funds would be used for: \_\_\_\_\_

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**The undersigned authorized representative hereby certifies that** the information in this application is correct to the best of his/her knowledge; s/he has received, read, and understood the guidelines for the grant and agrees to comply with all requirements; and s/he has the authority to act on behalf of the company in submitting this application. The applying business agrees that the Montana Department of Commerce and the Montana Department of Revenue may share financial and tax information related to this application.

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**Signature**

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**Date**

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**Printed Name and Title**

**BUSINESS PLAN**

Page #: \_\_\_\_\_

*See Application Guidelines: Grant Application Submittal Process, 1. Business Plan, page 8*

Attach a current business plan which must contain sufficient information for the Montana Department of Commerce to obtain an adequate understanding of the business to be assisted, including the products or services offered, estimated market potential, principals' management experience, current financial position and proposed venture details.

**FINANCIAL STATEMENTS**

Page #: \_\_\_\_\_

*See Application Guidelines: Grant Application Submittal Process, 2. Financial Statements, page 9*

Attach the most recent twenty-four months of Balance Sheets, Profit and Loss Statements, and Cash Flow Statements

**FINANCIAL PROJECTIONS**

Page #: \_\_\_\_\_

*See Application Guidelines: Grant Application Submittal Process, 3. Projections, page 9*

Attach twenty-four months of projections including Balance Sheets, Profit and Loss Statements, and Cash Flow Statements

**HIRING AND TRAINING PLAN**

Page #: \_\_\_\_\_

*See Application Guidelines: Grant Application Submittal Process, 4. Hiring and Training Plan, page 10*

Attach a Hiring and Training Plan which must include the following:

- Annual payroll estimates (pre and post-expansion) and wages for each employee to be trained Page #: \_\_\_\_\_
- Description and monetary value of employee benefits for each position to be trained Page #: \_\_\_\_\_
- Number of new full-time positions and timetable for phase-in of new employees, if applicable Page #: \_\_\_\_\_
- Number of new part-time positions and timetable for phase-in of new employees, if applicable Page #: \_\_\_\_\_
- Procedures for outreach, recruitment, screening, selection, training and placement of workers Page #: \_\_\_\_\_
- Description of the training curriculum and resources and schedule for completion of worker training Page #: \_\_\_\_\_
- Training budget, including all costs associated with the training plan, that justifies the funding level Page #: \_\_\_\_\_
- Assurance of equal opportunity and nondiscrimination laws compliance Page #: \_\_\_\_\_

**SOURCES & USES OF FUNDS STATEMENT**

Page #: \_\_\_\_\_

*See Application Guidelines, page 15*