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: ______________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
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.

________________________________________________________________________
Signature                                      Date                                      Printed Name and Title
BUSINESS PLAN

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

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

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

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

SOURCES & USES OF FUNDS STATEMENT

See Application Guidelines, page 15