



Employer Information

Employer Name FEIN

Doing Business As Application Type

Independent

Site/Plant/Facility Name (Company Name and City)

Street Address Line 1 Street Address Line 2

ZIP code County City State

Diversity, Equity and Inclusion (DEI): Special allowance for minority-owned, women-owned, veteran-owned, Individual With a Disability(IWD) owned, or a Geographically-Disadvantaged Business Enterprise.

Yes No

Primary NAICS (Look up at NAICS.com) Years in Business

Primary Business Cluster(Online Application-Select from Drop Down List)

Secondary Business Cluster (Online Application-Select from Drop Down List)

Employer Website

Total Number of full time permanent employees
 (for this plant/site/facility location)

Publish Name (Company name used for media announcement - if awarded)



Michigan Tax Obligations

Sales Tax License, If applicable

Is the employer current on all state of Michigan tax obligations?

Yes

No

Primary Contact

First Name

Middle Initial

Last Name

Title

Phone Number

Extension

Email

Alternate Contact

First Name

Middle Initial

Last Name

Title

Phone Number

Extension

Email



Rational For Request



Introduction

A Statement that includes a description about the employer and could include a brief history, footprint in county/region/state of Michigan, as well as products and/or services provided by the Company.

Narrative must be explained below in its entirety. Do not simply attach a separate document with the narrative. Keep in mind, the reviewers may not be familiar with our region or your company - highlight yourself.

Provide Introduction:



Business Case

This is your opportunity to share the training, placement, and/or retention needs: galvanizing issue(s), and the anticipated impact to your company and/or your employees.

Business case and description of need could include:

- Good/promising jobs above the local ALICE rate (using Brookings threshold)
- Diversity, Equity and Inclusion (DEI) efforts
- Industry 4.0 diversification
 - Diversification into electric vehicles
 - Diversification into autonomous vehicles
- COVID-19 impact
- Business expansion
- Significant recent capital investment
- At risk of losing business or contracts
- New or upgraded certifications are required to obtain new business
- New equipment
- New processes
- Unable to find talent with the skills needed: describe steps that have been taken to fill the need
- Skills and/or talent gap to retirements, promotions, career laddering
- Diversification of product(s)

Narrative must be explained below in its entirety. Do not simply attach a separate document with the narrative.



Training Information

The inserted training start and end dates for the Going PRO Talent Fund encompasses the entire award period for this application. For new hire employees receiving on-the-job training, the training end date must be on or before September 30, 2022 to be able to complete the required 90-day retention within the application award period.

Training Dates:

Start: January 1, 2022

End: December 31, 2022

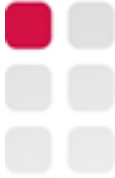
Training Provider Information

Training Plan Details: The following information will be needed for each training provider.

- Type of Training:
 - College or University
 - Community College
 - Employer On The Job Training (OJT)
 - Private/Proprietary Training Institution
 - Union/Joint Apprenticeship Training Council (JATC)
 - Vendor
 - Other
- Training Provider Name
- Credential Earned Upon Course Completion:
 - Certificate of Completion
 - Certification
 - College Credit
 - License
 - Other
- Training Provider Located City and State
- Where Training is being delivered:
 - Online
 - OnSite
 - Provider Site



Current Employee Details



Employee Information

Include for each employee: First/Last Name, Current Hourly Wage, Apprentice Y or N, and Training Course(s) Attending on training plan worksheet included with application packet.



New Hire Details

New Hire Information

Include for each New Hire: Position/Job Title, Number of Positions, Hourly Wage of Position, Apprentice Y or N and Training Course(s) Attending on training plan worksheet included with application packet.



Training Cost

Total Cost of All Training

Total Amount of Going PRO Talent Fund program funds being requested.

Employer Contribution

In this section, please provide funds that will be contributed. You must provide an explanation for each category of contribution entered (i.e., wages, travel) in the appropriate text box. You may include additional documents to explain any employer contribution. In the case where a lower Training Cost Per Person was requested in order to increase contribution (e.g. \$1,000 for \$1,500 training in the Training Plan section) be sure to provide an amount and explanation in the "Other" category. Upon completion of training, revised contribution must be reported.

Utilize Projected Contribution template included with application packet.