

MARYLAND BUSINESS WORKS APPLICATION

Amount of Funds Requested \$ _____ Date: _____

Number of Employees involved in Training: _____

Business Profile

Legal Business Name

Federal Taxpayer ID #

Mailing Address

City, State, Zip Code

Name and Title of Company Contact Person

Telephone Number

Fax Number

Email Address

Nature of Business: _____

Number of Full Time Employees: _____

Company's Annual Training Budget \$ _____

Total Training Costs

(Company Pays for 50% of Total Training Costs)

Tuition and Fees (Training Vendors) \$ _____

List and cost of individual courses / program offerings

In-House Staff Training / Consultant Training \$ _____

Identify the instructor(s), hourly wage and number of training hours

Books and Training Materials \$ _____

List and cost of books / training materials

TOTAL TRAINING COSTS (A+B+C) \$ _____
COMPANY SHARE OF TRAINING COSTS \$ _____
REQUESTED AMOUNT OF TRAINING COSTS \$ _____

Economic Impact of Training

Briefly describe how training will enhance company production and competitiveness:

Will other jobs be created as a result of the training? Yes _____ No _____
If yes, how many? _____

Is there any other economic impact from the training? Yes _____ No _____
If yes, describe _____

Information Concerning Employee(s) Involved in Training

(List all employees who will be involved in the training. Attach additional sheets if necessary)

Employee Name

Employee Social Security #

Present Position

Present Wage

Present Benefits

New position and/or wages immediately after completion of training

Future Wage

Future Benefits

Employee Name

Employee Social Security #

Present Position

Present Wage

Present Benefits

New position and/or wages immediately after completion of training

Future Wage

Future Benefits

Employee Name

Employee Social Security #

Present Position

Present Wage

Present Benefits

New position and/or wages immediately after completion of training

Future Wage

Future Benefits

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Conditional Approval of Training by Local Workforce Investment Area (WIA)

Name and Title of WIA Representative

Telephone Number

Fax Number

Email Address

Date Approved and Submitted to DLLR

Review of Training Proposal by DLLR Review Team

	Reviewer #1	Reviewer #2	Reviewer #3
Reviewer's Initials:	_____	_____	_____

Review Date:	_____	_____	_____
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Determination:

Approved:	_____	_____	_____
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Denied:	_____	_____	_____
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Reason for Denial: _____

Date of Notification to Local WIA Representative: _____