

## WORKFORCE TRAINING PARTNERSHIP PROGRAM

## **Application**

Rev. 5/6/2024

| This section to be completed by Office of Economic Development Staff.   |                                |
|---|--------------------------------|
| Grant #: Date Received: Amount Requeste   | ed: \$                         |
| Total Number of Full-Time Employees Participating in Training:  |                                |
| Approved by Committee:YesNo Date Approved/Dis   | sapproved:                     |
| OED Staff Reviewer Initials:  |                                |
|   |                                |
| Business Profile:   |                                |
| Legal Business Name:  |                                |
| Business Address:   |                                |
| Year Business Established in Cecil County:  |                                |
| Industry Type (i.e. manufacturing, logistics, etc.):  |                                |
| Federal Taxpayer ID #:  |                                |
| Name and Title of Contact Person:   |                                |
| Phone No.:  |                                |
| E-mail Address:   |                                |
| Company's Annual Training Budget (for current year):  |                                |
| Number of employees (in Cecil County): FTE PTE (less than   | 30 hrs/week)                   |
| Is the business in good standing with Cecil County Government (no outsta  | anding indebtedness)?          |
| YesNo If no, please explain:  |                                |
|   |                                |
| Training Plan:  |                                |
| Type of Training (External/Internal):   |                                |
| Training provided by:   |                                |
| Training start date:  |                                |
| Training completion date:   |                                |
| Number of instruction hours (per employee):   |                                |
| Number of full-time employees participating in the proposed training? _ all proposed trainees that includes ID #s, names, work hours per week, current posit different), and each employee's primary work location if the company has more th County. | ion, position after training ( |
| Proposed training cost per employee (attach cost summary from trainer): \$  |                                |
| Total proposed training cost (all employees to be trained): \$  |                                |

| subject to the training proposed under this Partnership.               |                                |
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| . What economic benefit will the company receive                       | from this training?            |
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|  |                                |
| . What is the indirect economic impact to Cecil Cou                    | nty?                           |
|  |                                |
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|  |                                |
| . Describe, in detail, how the proposed training will competitiveness. | enhance company production and |
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|  |                                |
|  |                                |
| . Describe, in detail, how the proposed training wil                   | l enhance the employee(s).     |
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