



**Region 13 Worksource Oregon  
 Employer Workforce Training Fund  
 (EWTF)**

**Effective July 1, 2007 please use this form for reporting all WRT Project Descriptions, Revisions and Final Reports.  
 Check appropriate box when reporting.**

- Region 13 Application Form (pages 1-5)
- WRT Project Description Form (due prior to project beginning)
- WRT Project Description Revision (due with any changes or if project is cancelled.)
- WRT Project Final Report (due 30 days after project ends)

Project Name:	Date Submitting Form:
Workforce Response Team Region: 13	Project Start Date: (month/day/year)
WRT Representative Name: Teri Simonis	Project End Date: (month/day/year)
Business Name(s):	
Address:	Total # of Employees at Business:
Phone:	
Email:	
Business Representative Name:	Employer Tax ID Number:
Please provide a description of the training project:	
<p><i>Complete this section if a skill shortage was identified for this project. Identify recognized regional skills shortage and who defined and substantiated it as a skill shortage. (Contact Team Member)</i></p>	

**Grant Criteria:**

Do the employees who participate in training currently earn a wage that is at or above the median wage for your county? Or as a result of this training, they will have the opportunity to earn a wage that will place them at the median level.  
 Region 13 - \$12.17 per hour.

Wage of employee(s) at beginning of training:

Wage anticipated for employee(s) as a result of training:

Planned WRT Amount Funded:	Planned Match Amount:
Final WRT Amount Funded:	Final Match Amount:

Outcomes	Planned	Final
Unduplicated Number of Participants Trained		
Number of Jobs Created as a Result of this Training		
Number of Jobs Retained as a Result of this Training		
Percent Participants promoted upon completion of this training project	%	%

Curriculum Developed/Revised	<input type="checkbox"/> No	<input type="checkbox"/> Yes, with WRT funds	<input type="checkbox"/> If yes, curriculum is attached
Identify Regional Cluster affiliation:			

**All projects complete this section: Traded Sector(s) Affiliation:**

- Manufacturing (food processing, metals, wood products, RV, plastics)
- Agriculture
- Natural Resources
- Health Care
- Automotive
- Other (please identify other)

All projects complete this section: Training must be focused on career development of workers that result in transferable skills or industry-recognized certificates. List the top transferable skills employees will receive as a result of this training.			
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

	All projects complete this section if any industry recognized credentials or certificates resulted from this training. List credential	Number of employees receiving
1.		
2.		
3.		
4.		
5.		
6.		

<i>All projects complete.</i> Is training focused on skills necessary to permit companies and workers to advance their technological capabilities <input type="checkbox"/> Yes <input type="checkbox"/> No
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Program Income Amount Generated	If Program Income was generated please
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<b>Program Income Amount Expended</b>	<b>explain how funds were expended</b>
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If this is a capacity building activity, please describe how (now or in the future) it is anticipated the capacity-building project will be linked to a training project EWTF Policy Attachment A.

For consortia / multi-company training projects: list ALL businesses participating (add pages, if needed)

Company Name(s):	Total # of Employees at Company:
Company Representative Name:	Employer Tax ID Number:
Company Name(s):	Total # of Employees at Company:
Company Representative Name:	Employer Tax ID Number:
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Company Representative Name:	Employer Tax ID Number:

Project Time Line. Please complete with anticipated training and financial draw requests.

July 1, 2007 to September 30, 2007	October 1, 2007 to December 31, 2007	January 1, 2008 to March 30, 2008	April 1, 2008 to June 30, 2008
July 1, 2008 to September 30, 2008	October 1, 2008 to December 31, 2008	January 1, 2009 to March 30, 2009	April 1, 2009 to May 30, 2009
			Final paper work must be turned in by May 30, 2009

Applicant Name	Budget Detail
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		Budget Requested Amount	Planned Match Amount	Final Actual Match Amount
Capacity Building	Conducting needs assessments			
	Design/Development of Curricula			
	Post-training Evaluation/Data Collection			
Training	Tuition/Training Costs			
	Training Materials & Supplies			
Other Training Related Costs (provide description)				
Salaries & Benefits	Staff Time in Training			
	Supervisory Staff Time			
	Other			
Other Materials & Services (provide description)	Office Supplies			
	Facilities Costs			
	Equipment Usage			
	Other			
Total Funds Committed in Contract				
Total Actual Match Funds Provided				

Budget Narrative: Please provide detailed description of each line item completed.  
 Region 13 EWTF will not cover: conferences, transportation, mileage, meals or lodging.

**My signature below indicates that I understand that if my Organization is awarded funds under this application I must:**

- Request trainees to provide social security numbers for project data collection and reporting purposes. All trainees will be provided with a consent form for this purpose, explaining that their SSN numbers will be used only for aggregate data tracking related to this project. Every participant must sign an informed consent either providing, or opting out of providing, their SSN prior and turned into the sub-grantor prior to any reimbursement being honored.
- Track all expenditures related to this project separately from other company funds, and provide detailed invoices, including original receipts for training related expenses.
- Complete quarterly reports and a final report at the end of the project providing both anecdotal information and data on the project's outcomes. Final payment will not be made until the final report is accepted by the Region 13 Workforce Response Team, c/o TEC.
- Abide by non-discrimination laws in determining who is eligible to receive this training and in the delivery of training (federal non-discrimination laws apply to this funding).
- Have enough cash flow resources on hand to cover project costs in between invoices. Invoices may be submitted no more than once each month.
- Have the authority to sign this application on behalf of my organization.
- Agree that these funds will not displace routine, on-going, regularly scheduled training.
- Comply with the terms and conditions of the contract, including procurement, fiscal responsibility, match and sign a contract before services begin.
- Attest that the business has been in operation in Oregon for at least 120 days.
- Attest that the business has not relocated within the last 120 and resulted in a loss of employment at any previous U.S. location.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Typed Name and Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Business Name**