



# Employer Workforce Training Fund Application

Region 9: Gilliam, Hood River, Sherman, Wasco, Wheeler Counties

Date of Application

New Project (Complete All Sections Except C)

Modification to Existing Project (Complete Sections: A, C, D, F, G, H, and I)

**Section A**  
Project Title:

Project Number:

Project Contact Person:

Company Name:

Tax Identification #:

Authorized to sign contract:

Address:

City:

State:  
OR

Zip Code

Business Phone

Fax Phone:

Email:

Years in business:

**Section B**

Number of employees 3 years ago:

Number of current employees:

Number of employees in 3 years:

Current turnover rate:

Reasons for turnover:

Description of the company:

**Section C**

Additional Grant Funds Requested:\$

Additional Matching Funds: 1-1 Match \$

Additional Project Cost: \$

**Section D**

Total Grant Funds Requested:\$

Total Matching Funds: 1-1 Match \$

Total Project Cost:\$

**Section E**

**Project Criteria:** Priority is given to projects that address the following criteria. Please check all criteria that apply.

<input type="checkbox"/>	Workers meet or exceed median wage in county: Wasco \$8.90/HR \$9.57/Sherman \$7.26 /Gilliam \$9.54	<input type="checkbox"/>	Employer is experiencing a shortage of skilled workers
<input type="checkbox"/>	Training will insure job retention	<input type="checkbox"/>	Training involves more than one employer
<input type="checkbox"/>	Training will result in new job creation	<input type="checkbox"/>	Training will enhance Technical/Productivity
<input type="checkbox"/>	Employer has met or exceeded required matching funds	<input type="checkbox"/>	Training will meet Certified Skill Standard
<input type="checkbox"/>	Preferred Regional Cluster: Manufacturing, Technology, Health Care, Agriculture, Tourism & Leisure. Value Added Agriculture	<input type="checkbox"/>	Training is for Traded Sector company: Manufacturing; Technology; Health Care; Agriculture; Tourism & Leisure; Value Added Agriculture
<input type="checkbox"/>	Training is being conducted in a rural area	<input type="checkbox"/>	Workers have opportunity for advancement
<input type="checkbox"/>	Training will be able to be duplicated at another time or place.	<input type="checkbox"/>	Training will use existing curricula
<input type="checkbox"/>	Employees receive increased wage compensation	<input type="checkbox"/>	

**Section F****Project Description:** Describe the proposed training:

Training Provider:

Description of the project:

**Section G****Performance Measures:** Check the following anticipated items which apply to the project and will appear in the final narrative report.

Yes	No	
		Increase in Productivity
		Percent of reduction in the amount of rework or production waste gained as a result of the training or capacity –building activity.
		Saved operating product cycle time (quicker, faster, better...)
		Curriculum shared or training replicated
		Increase in competitiveness of company
		Increase in capital investment (new investment in equipment or facilities)
		Other

**Section H****Expected Outcomes:**

Number Trained:	Number Jobs Created:	Jobs Retained:	Certification Rate:	\$ and % private sector match:	Cycle Time:
Additional Number Trained	Additional Jobs Created	Additional Jobs Retained	Additional Certification Rate	Additional \$ and % private sector match	Cycle Time:
Total Number Trained:	Total Jobs Created:	Total Jobs Retained:	Total Certification Rate:	Total \$ and % match:	Total Cycle Time:

**RETURN COMPLETED FORM (email preferred) TO:**

**Columbia Gorge Community College, 400 E. Scenic Drive, #2.257; The Dalles, OR 97058 ATTN: Suzanne Burd  
[sburd@cgcc.cc.or.us](mailto:sburd@cgcc.cc.or.us)**

**Section I** (For modifications show only new funds)

**Budget:** Workforce Training Fund Budget Proposal

Category	Grant Funds		Matching Funds		Total Funds
	A.	B.	C.		
	Program	Cash	Non-Cash		
1. Personnel					
2. Employees					
3. Supervisors					
4. Management					
5.					
6. Total					
7. Benefits (14%)					
8. Full Time					
9. Part Time					
10. Total Benefits					
11. Materials & Service					
12. Travel		\$			
13. Equipment				\$0	
14. Supplies					
15. Contracted Services					
16. Other: (used for match) Administrative Overhead, Facilities,				\$	
Total		\$	\$	\$	\$
	Total Requested	Total Cash Match	Total Non Cash Match	Total Project Budget	

Budget Narrative: