

**BUSINESS GRANTS FOR**

**EMPLOYEE TRAINING**

**Pre-Application**

**ELIGIBILITY QUESTIONNAIRE**

**and INSTRUCTIONS**

Land of Lincoln Workforce Alliance

1300 South 9th Street

Springfield, Illinois (217) 558-4277

**APPLICATION PROCESS**

There is a two-step application process.

* **Step One** is the electronic submission of an **Eligibility Questionnaire Form**
* Once the LLWA staff confirms eligibility, Applicant will be notified to proceed submitting the program application.

Copies of the Eligibility Questionnaire can be downloaded from the LLWA website at: worknet20.org.

The Eligibility Questionnaire provides the following information:

* Company name and address
* Contact person’s name and contact information
* Federal Employer Identification Number (FEIN)
* Years in business in Cass, Christian, Logan, Menard or Sangamon county
* Current number of full-time permanent employees (company-wide and at local worksite location)
* North American Industry Classification System Number (NAICS)
* Products manufactured and/or services provided
* Description of skill-related training proposed
* Number of employees to be trained
* Occupations of employees to be trained
* Name and address of training vendor or school
* Estimated cost of training

**Eligibility Requirements**

All Eligibility Questionnaire forms must be submitted electronically. No handwritten questionnaires will be accepted. All requested information must be provided.

Eligibility Questionnaire forms should be emailed to: Dmurphy@worknet20.org.

Land of Lincoln Workforce Alliance

1300 S. Ninth Street

Springfield, IL 62703

**Business Grants for Employee Training - Pre-Application Eligibility Questionnaire**

Company Information

Company Name:

Company Address

 Street:

 City:

 State:

 Zip:

Contact Person

 Name:

 Title:

 Phone:

 Fax:

 Email Address:

Federal Employer Identification Number (FEIN)

Years in Business in Cass, Christian, Logan, Menard or Sangamon County:

Current number of full-time permanent employees at work location:

North American Industry Classification System Number (NAICS):

Products manufactured and/or services provided at work location:

Training Information

|  |  |  |
| --- | --- | --- |
| Training Course Name | Description of Training | Describe how training will improve employee(s) skill level |
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Number of employees to be trained:

Occupations of employees to be trained:

Name and address of training vendor: