



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: Mbrookens@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

Number of employees to be trained:

Occupations of employees to be trained:

Name and address of training vendor:

