

# *WORKFORCE FLORIDA, INC.*

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## **QUICK RESPONSE TRAINING APPLICATION**

<hr/> <p>(Company Name)</p>
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**WORKFORCE FLORIDA, INC.  
325 John Knox Road, Building 200  
Tallahassee, Florida 32303  
Phone: (850) 921-1119 ♦ Fax (850) 921-1101**

[www.workforceflorida.com](http://www.workforceflorida.com)

<b>FOR WFI USE ONLY</b>
Date Received _____
Date Completed _____
Project Number _____

This application is available by E-mail.

## **QUICK RESPONSE TRAINING (QRT) PROGRAM GUIDELINES**

Applications for new and existing (expanding) businesses creating new high-quality jobs will be given equal consideration.

### **BUSINESS APPLYING FOR FUNDING:**

- ◆ must create new, permanent , full-time (35+ hours per week) jobs for Florida workers requiring customized entry-level skills training not available at the local level
- ◆ should create high-quality jobs paying an average annual wage of at least 115 percent of local or state private sector wages, whichever is lower, unless the business is located in a rural community , Enterprise Zone or brownfield area. (See ES202 wage data attached)
- ◆ must produce an exportable (beyond local markets) good or service
- ◆ must expand their workforce resulting in a net increase in employment of not less than 10% or 100 employees, whichever is less, unless the business is located in a rural community or Enterprise Zone
- ◆ may not qualify for funding if relocating from one Florida community to another community (See “OTHER” below)

### **TRAINING SERVICES:**

- ◆ Can be provided through Florida’s community colleges, school districts, area vocational-technical centers, state universities or licensed and certified post – secondary institutions (when approved)
- ◆ Can be conducted at the business’s own facility, at the training provider’s facility or at a combination of sites
- ◆ Instructors can be either full or part-time educators or professional trainers from the business

### **REIMBURSEABLE TRAINING EXPENSES:**

- ◆ Instructors’/trainers’ salaries
- ◆ Curriculum Development
- ◆ Textbooks/manuals
- ◆ Materials and supplies

## OTHER:

- ◆ **Businesses relocating from one Florida community to another Florida community must establish, to Workforce Florida's satisfaction, that without such relocation the business will move outside the state or has compelling economic rationale for the relocation that creates additional jobs. If Workforce Florida approves the business for QRT funding, only the net new jobs created are eligible for training costs reimbursement.**
- ◆ Businesses approved for QRT funding are limited to one grant award per site every two years. Their subsequent application must establish that their current workforce has had a net increase in new jobs created and trained since their last grant award.
- ◆ Average annual wage means the average, for a twelve month period or, if less than a twelve month period, converted to a twelve month period, of actual wages, salaries, commissions, bonuses, drawing accounts (against future earnings), prizes and awards (if given by the employer for the status of employment), vacation pay, sick pay, and other payments, consistent with Florida Department of Labor and Employment Security definition, paid to employees. Benefits are not included.
- ◆ With the high demand and limited funding available for QRT assistance, all projects will be evaluated to leverage other state, federal and private funds with QRT funds.
- ◆ Businesses shall provide sufficient documentation to the training provider for identification of all participants that would allow access through the automated student data bases pursuant to section 229.8075 F.S., or electronic listings by social security number for calculation of performance measures, and any other outcomes as specified in section 446.601, F.S. or deemed pertinent to Workforce Florida.

## **APPLICATION INSTRUCTIONS:**

The Quick Response Training application is designed so that completion is a collaborative effort between the business requesting training and their chosen training provider – a community college, area technical center or state university. [See Florida Statutes 288.047(4)]. **It is suggested that you contact the Quick Response Training Program office to discuss your application before submitting a formal proposal.**

### **Step 1**

Businesses seeking training through the Quick Response Training Program will submit a letter requesting such services along with a completed application. The letter should address the following:

1. Description of type of goods or services produced and market area served.
2. Description of impact of business on the state's economy.
3. What has created the need for your business to acquire training services? Reasons could include: new product line; expansion of existing operation; or new move into Florida.
4. Declaration of intent to locate or expand in Florida.
5. What role the availability of training funds will play in your decision to locate or expand in Florida.
6. A statement requesting confidentiality, if so desired.

### **Step 2**

The business seeking training through the Quick Response Training Program will complete the Employer Identification (Part I) of the application only and attach a letter from the authorized local economic development organization recommending approval.

### **Step 3**

The training provider will complete the Training Summary (Part II) for each training program, and the following items:

1. Letter certifying that training is not available at the local level.
2. A budget containing detailed program-training costs. (see recommended format)

3. Key personnel participating in training program and qualifications of such personnel.
4. A projected hiring timeline. (see recommended format)
5. Student contact hours form. (see recommended format)
6. Summary of involvement the training provider has played in this application/project to date, as well as anticipated involvement throughout the life of the project. A description of the long-term benefit of the training provider to the employer should also be provided.

#### **Step 4**

Submit one original and **five (5)** copies of the signed completed application and documentation to the following:

Quick Response Training Program  
Workforce Florida, Inc.  
Workforce Development Board  
325 John Knox Road, Building 200  
Tallahassee, Florida 32303  
FAX: (850) 921-1101

If you have any questions or need assistance in completing the application, please contact the Quick Response Training office at (850) 921-1119.

We look forward to working with you.

## **CHECK LIST (ATTACH TO APPLICATION)**

- \_\_\_\_\_ Letter from employer requesting training
- \_\_\_\_\_ Part I completed and signed by the employer
- \_\_\_\_\_ Part II and Part II (A) completed and signed by the training provider  
(for each training program)
- \_\_\_\_\_ Budget page
- \_\_\_\_\_ Wage information form
- \_\_\_\_\_ Student contact hours form
- \_\_\_\_\_ Key personnel participating in the training program and qualifications  
of such personnel
- \_\_\_\_\_ Projected hiring timeline
- \_\_\_\_\_ Letter from training provider describing involvement in program as  
well as anticipated involvement in the future
- \_\_\_\_\_ Letter(s) of endorsement from the authorized local economic  
development organization(s).
- \_\_\_\_\_ Letter(s) from training provider certifying that courses are not  
available at the local level
- \_\_\_\_\_ Original and five (5) copies of completed application

**PART I**

**EMPLOYER IDENTIFICATION**

1. Quick Response Funding Requested \$ \_\_\_\_\_
2. Company Name \_\_\_\_\_
3. Address: Present location \_\_\_\_\_  
Proposed location, if different from above: \_\_\_\_\_
4. Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Company website address: \_\_\_\_\_
5. County \_\_\_\_\_ Primary SIC Code \_\_\_\_\_
6. Will the company be expanding or locating in a rural area, brownfield area or Enterprise Zone? \_\_\_ Yes \_\_\_ No (If yes, please check the appropriate box).  
 rural area or  brownfield area  Enterprise Zone. If Enterprise Zone, which one: \_\_\_\_\_
7. Type and description of business \_\_\_\_\_  
\_\_\_\_\_
8. FEID No. \_\_\_\_\_ Unemployment Compensation No. \_\_\_\_\_
9. Florida sales tax registration number: \_\_\_\_\_
10. Parent company and address (if applicable) \_\_\_\_\_  
\_\_\_\_\_
11. Is the training sought for: (Please check one)  new Florida business; or  
 expansion of existing Florida business or  relocation from one Florida community to another. NOTE: *There are legal restrictions related to funds for relocation. Please contact the Quick Response Training staff for specifics. (See Guidelines #1)*
12. Is the company minority-owned (at least 51% owned by one or more individuals who are minorities)? \_\_\_ Yes \_\_\_ No. If yes, please check the appropriate box.  
 women-owned;  African/American owned;  Hispanic/American owned;  
 Asian/American owned;  Native/American owned;  other minority owned.
13. If a headquarters project, check the one that defines your project:  regional,  
 national,  international headquarters, or  national trade association headquarters.
14. Total number of existing employees \_\_\_\_\_. Number of: full-time \_\_\_\_\_,  
part-time \_\_\_\_\_, temporary \_\_\_\_\_, leased \_\_\_\_\_.  
Total wages (w/o benefits) for these employees \$ \_\_\_\_\_  
Average wage per employee: \$ \_\_\_\_\_

15. Capital Investment \$ \_\_\_\_\_ Training Contribution \$ \_\_\_\_\_  
(in-kind or cash matches)

16. Number of new jobs created because of expansion or new location \_\_\_\_\_

17. Number of permanent employees projected to be hired within next 24 mos. \_\_\_\_\_

18. Projected diversity of new hires: White \_\_\_\_\_% , Black \_\_\_\_\_% ,  
Hispanic \_\_\_\_\_% , Asian or Pacific Islander \_\_\_\_\_% , American Indian or  
Alaskan Native \_\_\_\_\_% , Other (specify) \_\_\_\_\_%.

19. Requirements of potential employees (drug testing, hazardous materials, varied  
shifts, hours worked per week) \_\_\_\_\_  
\_\_\_\_\_

20. Has the company ever been subjected to criminal or civil fines and penalties?  
\_\_\_\_ Yes \_\_\_\_ No. If yes, please explain: \_\_\_\_\_

21. If the company received previous training services from the State of Florida, give  
types and dates: \_\_\_\_\_  
\_\_\_\_\_

22. If the company received local or state financial support, give type(s), amount(s), and  
date(s): \_\_\_\_\_

23. Give any comments relative to application consideration. (These may include  
importance of the employer to the industry base of the community, location in a  
distressed urban or rural area, Enterprise zone, workforce diversity, in-kind/cash  
matches, quality and wages of jobs created, technical difficulty of training, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

24. In compliance with Florida confidentiality Statute (288.075), do you request  
confidentiality? \_\_\_\_\_ YES, we request confidentiality; \_\_\_\_\_ NO, we do not  
request confidentiality

Part 1 completed by:

To the best of my knowledge the  
information included in this  
application is accurate:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title of Authorized Officer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

1. Name of training provider \_\_\_\_\_

2. Address \_\_\_\_\_  
\_\_\_\_\_

3. Contact person \_\_\_\_\_ Phone number \_\_\_\_\_ Fax \_\_\_\_\_  
e-mail address: \_\_\_\_\_

4. FEID number \_\_\_\_\_

5. Job title(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Job description(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Description of training program \_\_\_\_\_  
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8. Objectives of training program \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

9. Total number of individuals to be trained. (If more than one job title, number trained in each job title.)\_

\_\_\_\_\_ Total # new employees \_\_\_\_\_  
\_\_\_\_\_ Total # new employees \_\_\_\_\_

10. Will course participants be hired before training? \_\_\_\_\_

11. Annualized **starting** wage (not including benefits) for specific occupation(s):

\_\_\_\_\_  
Annualized average wage (not including benefits) for specific occupation(s):  
\_\_\_\_\_

12. Program starting date \_\_\_\_\_ Program ending date \_\_\_\_\_  
Estimated program length \_\_\_\_\_ Hours per week \_\_\_\_\_

13. Location of training \_\_\_\_\_

Part II prepared by:

To the best of my knowledge the information included in this application is accurate:

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Title of Authorized Officer)  
\_\_\_\_\_  
(Date)

*\*To be completed for each training program*

**PART II(A)**  
**AGENT\*\***

**FISCAL**

1. Name of training provider \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Contact person \_\_\_\_\_ Phone number \_\_\_\_\_ Fax \_\_\_\_\_  
e-mail address: \_\_\_\_\_
4. FEID number \_\_\_\_\_

\*\*To be completed by training institution who will be acting as fiscal agent only and not involved in the delivery of training.

# **PROGRAM BUDGET**

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Please use this as a guide. You may include other items for consideration as required. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Quick Response training funds cannot be used to reimburse any training costs occurring before the grant is approved. Please take this into account when developing your budget and timeline.

BUDGET CATEGORY	QUICK RESPONSE ASSISTANCE REQUESTED	EMPLOYER CONTRIBUTION	TRAINING PROVIDER CONTRIBUTION
Instructor Wages (Break out costs for individual programs including total hours and instructor wages)			
Curriculum Development			
Materials/Supplies Textbooks (itemize)			
Training Equipment Purchase (itemize)	XXXXXXXX		
Other Costs			
Travel	XXXXXXXXXX		
Trainees' Wages	XXXXXXXXXX		
Sub Total			
Indirect Costs			
Total			



# STUDENT CONTACT HOURS FORM

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		Classroom Training (Number of Hours)				On-the- Job Training	
Job Title	# of Trainees	Course Name	Course Name	Course Name	Course Name	# of Hours	Total # of Hrs. per Student
TOTAL							

## **WAGE INFORMATION FORM**

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<b>Position Title</b>	<b># of Trainees</b>	<b>Starting Wage for Position</b>	<b>Average Wage for Position</b>

Average annual wage means the average, for a twelve month period or, if less than a twelve month period, converted to a twelve month period, of actual wages, salaries, commissions, bonuses, drawing accounts (against future earnings), prizes and awards (if given by the employer for the status of employment), vacation pay, sick pay, and other payments, consistent with Florida Department of Labor and Employment Security definition, paid to employees. Benefits are not included.