



**Everglades Restoration Agricultural Community Employment Program
 Employer-Based Training Grant Application**

Pursuant to section 446.71, Florida Statutes, the Everglades Restoration Agricultural Community Employment Training Program was created to promote education and training programs to support the training and hiring of individuals in nonagricultural employment in areas of high agricultural unemployment.

Employers and providers interested in receiving grant funds must apply with the Florida Department of Economic Opportunity for consideration. Please complete each field of the application with detailed information. Attach additional pages as needed noting which section the response references.

Everglades Restoration Agricultural Community Employment Training Program Training Program Grant Application				
Section 1 – Employer Information				
Company Name:				
Company URL:				
Mailing Address		City and County		State
Physical Address		City and County		State
Zip Code		Phone Number		
Employer’s FEIN#:	Number of years of operation in the state of Florida:	Total # Full-Time Employees at this location:		
Legal Structure of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Leased <input type="checkbox"/> Other:				
Is your company receiving/applying for any other state or federal training funds related to this project? If yes, please list the name of the Program or Type of Grant. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Grant:	Amount of Award:			
Year Award was received:	Year training was complete:			
Description of your company, product(s) and/or service(s):				

Section 2 – Employer Contact					
Primary Contact Name:					
Title:			Phone Number		
Mailing Address:			City		State
Zip Code:		E-mail:			

Section 3 – Training Provider Information					
The Training Provider will be: <input type="checkbox"/> Public Training Institution <input type="checkbox"/> Private Training Institution					
<input type="checkbox"/> Company Employee <input type="checkbox"/> Private Instructor					
Training will be delivered: <input type="checkbox"/> On-site <input type="checkbox"/> At the training institution <input type="checkbox"/> At a remote location					
Name of Training Provider(s):					
Name of Training Provider Contact:			Phone:		
Address:					
City:		County:		State:	
Address:		City	County		Zip Code:
Program Contact Name					
Program Contact Title		Program Contact E-mail			
Program Contact Phone					

Section 4 – Proposed Training Program Description
1. Provide the title and a detailed description of the proposed Training Program. Include how the training will be delivered, length of the Training Program, Training Program start and end dates, required prerequisites or special requirements for program entry, maximum capacity of enrollments, identify instructional personnel and their qualifications, etc.
2. List the county where the proposed Training Program will be located.

Section 5 – Matching Contributions			
Employers must provide verifiable matching contributions. Use the table to the left to specifically identify all matching contributions by name and monetary value. Attach an additional page if necessary.	Type of Matching Contribution (e.g. in-kind)	Source	Amount
			\$
			\$
			\$
			\$
			\$
			\$
	Total Matching Contributions		\$

Section 6 - Program Budget		
Training Program Costs	Amount	Description*
Tuition and Fees	\$ _____	
Equipment	\$ _____	
Instructors	\$ _____	
Supplies	\$ _____	
*Other	\$ _____	
A. Total Project Costs	\$ _____	
Other Funding Sources		
Other Funding Sources	Amount	Description*
Matching Contributions (from section 6)	\$ _____	
State	\$ _____	
Federal	\$ _____	
City/County	\$ _____	

*Other	\$ _____	
B. Total Other Funding	\$ _____	
Total Amount Requested (calculate A – B)	\$ _____	

Section 7 – Signatures

Include evidence that the undersigned has all necessary authority to execute this proposal on behalf of the employer. This evidence may take a variety of forms including, but not limited to, a delegation of authority, citation to relevant laws or codes, policy documents, etc.

I, the undersigned, do hereby certify that I have express authority to sign this proposal on behalf of the above-described employer.

Entity Name:

Authorized Representative’s Name:

Authorized Representative’s Signature:

Date Signed:

Section 8 – Authorized Use Only (Completed by DEO staff only)

Date Application Received: _____ / _____ / _____

Received By (Print Name): _____

Received By (Signature): _____

Date Application Reviewed: _____ / _____ / _____

Received By (Print Name): _____

Reviewed By (Signature): _____