

## Opportunity Details

### Opportunity Information

Title

2022 Accredited Job Training Act

Description

Act provides grants for Nebraska employers who are creating net new jobs or increasing wages for existing employees who are receiving skilled job training.

Awarding Agency Name

Department of Economic Development

Agency Contact Name

Rose Baker

Agency Contact Phone

402-471-1559

Agency Contact Email

rose.baker@nebraska.gov

Manager

Rose Baker

Additional Users

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/66ba3d2e-8c2e-4c78-b35d-9b14cf0ef57f>

Is Published

Yes

### Funding Information

Opportunity Funding

\$160,000.00

### Award Information

Award Type

Competitive

Cash Match Requirement

50.00%

Other Funding Requirement

### Submission Information

Submission Window

02/24/2023 12:00 PM - 06/30/2023 12:00 AM

Submission Timeline Type

One Time

Allow Multiple Applications

Yes

**Project Information**

**Application Information**

Application Name

Award Requested

Cash Match Requirement  
**\$0.00**

Cash Match Contributions  
**\$0.00**

Total Award Budget  
**\$0.00**

**Primary Contact Information**

Name

Email Address

Address

Phone Number

## Project Description

### Part 01: Applicant, Contact, and Preparer Information

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#### Additional Primary Contact Information

Primary Contact - Organization

Primary Contact - Title

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#### Applicant Information

*\*The Primary Contact Information is on the previous page, Project Information section. The Primary Contact is the main point of contact for this application.*

Name of Applicant Company

Applicant - Phone Number (0000000000)

Applicant - Extension

Applicant - Address Line 1

Applicant - Address Line 2

Applicant - City

Applicant - State

Select an item...

Applicant - Postal Code (00000)

Is the organization's HQ Address the same as the one above?

☐ Yes

☐ No

HQ - Address Line 1

HQ - Address Line 2

HQ - City

HQ - State

Select an item...

Applicant - Postal Code (00000)

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#### General

Legal Name

Doing Business As Name (DBA)

Business Description

Link: Secretary of State's Webpage

<https://www.nebraska.gov/sos/corp/corpsearch.cgi?nav=search>

Secretary of State Number (0000000000)

Employer Identification Number (EIN) (000000000)

#### Industry

Please indicate which industry best describes your company

Select an item...

Type of Industry: please specify

Link: NAICS Webpage

<https://www.census.gov/naics/>

NAICS Code (000000)

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### Local Contact

**\*Contact must work for Applicant organization. The Local Contact will be responsible for adding additional users if the Applicant organization does not have an AmpliFund Recipient account yet.**

Local Contact - First Name

Local Contact - Last Name

Local Contact - Title

Local Contact - Email Address

Local Contact - Phone Number (0000000000)

Local Contact - Extension

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### Additional Contact Information

*\*The Primary Contact Information is on the previous page, Project Information section. The Primary Contact is the main point of contact for this application.*

### Secondary Contact

The Secondary Contact may work for the Applicant organization or a different organization.

Secondary Contact - First Name

Secondary Contact - Last Name

Secondary Contact - Title

Secondary Contact - Email Address

Secondary Contact - Phone Number (0000000000)

Secondary Contact - Extension

Does this Secondary Contact work at the Applicant's organization?

- ☐ Yes  
☐ No

Secondary Contact - Organization Name

Secondary Contact - Address Line 1

Secondary Contact - Address Line 2

Secondary Contact - City

Secondary Contact - State

Select an item... ▼

Secondary Contact - Postal Code (00000)

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### Preparer Information

*\*The Primary Contact Information is on the previous page, Project Information section. The Primary Contact is the main point of contact for this application.*

Is the Preparer organization different from the Applicant organization?

- ☐ Yes  
☐ No

Preparer Type

- ☐ Out State Consultant  
☐ In State Consultant  
☐ Nonprofit Organization  
☐ Economic Development District  
☐ Other

Preparer Type: please specify

### Application Preparer Information

Application Preparer - Organization Name

Application Preparer - First Name

Application Preparer - Last Name

Application Preparer - Title

Application Preparer - Email Address

Application Preparer - Phone Number (0000000000)

Application Preparer - Extension

Application Preparer - Address Line 1

Application Preparer - Address Line 2

Application Preparer - City

Application Preparer - State

Application Preparer - Postal Code (00000)

## Part 02: Project Information

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### Project Information

Reason for requesting Accredited Job Training Act funds?

Location of the training project:

1. Address Line 1

1. Address Line 2

1. City

1. State

Select an item...

1. Postal Code (00000)

1. Are there other locations for the training project?

- ☐ Yes  
☐ No

2. Address Line 1

2. Address Line 2

2. City

2. State

Select an item...

2. Postal Code (00000)

2. Are there other locations for the training project?

- ☐ Yes  
☐ No

3. Address Line 1

3. Address Line 2

3. City

3. State

Select an item...

3. Postal Code (00000)

3. Are there other locations for the training project?

- ☐ Yes  
☐ No

4. Address Line 1

4. Address Line 2

4. City

4. State

Select an item...

4. Postal Code (00000)

4. Are there other locations for the training project?

- ☐ Yes  
☐ No

5. Address Line 1

5. Address Line 2

5. City

5. State

Select an item...

5. Postal Code (00000)

UPLOAD: Other location addresses

Purpose of the job training grant request:

- ☐ Training for net new jobs  
☐ Upskilling existing jobs that will result in a net increase in wage for the employee

Who is providing the job training:

- ☐ A community college or accredited postsecondary institution
- ☐ Nebraska secondary school
- ☐ Nebraska Educational Service Unit (ESU)
- ☐ Qualified Training Provider

Are you receiving any additional state, federal, or private funds to assist you with the job training? If yes, include the grant program name and dollar amount awarded.

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#### Training Information

Number of full time existing employees at the project site on the date of the application:

0

Number of part time existing employees at the project site on the date of the application:

0

Total number of fulltime jobs to be trained for this project: Net new FT jobs

0

Total number of fulltime jobs to be trained for this project: FT existing jobs to be upskilled

0

Will the job training be completed in 12 months

- ☐ Yes
- ☐ No

If the training will exceed 12 months, provide a reason as to why.

Training Start Date

Training End Date

Link: Accredited Job Training Webpage

<https://opportunity.nebraska.gov/programs/business/accredited-job-training-act/>

UPLOAD: Attach the job training plan(s) for this project. Utilize the template provided on the Department's Customized Job Training Act webpage.

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#### Company Benefits

Does the company offer fringe benefits?

- ☐ Yes
- ☐ No

Provide a description of the fringe benefits paid for by the business including health insurance, life insurance, retirement plan, dental insurance, tuition reimbursement, or any other benefits provided by the business.

UPLOAD: The benefits package provided to the employee.

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#### Terms of Acceptance

To the best of my knowledge and belief, data and information in this application are true and correct. The Applicant will comply with all requirements in the [insert program name].

By signing and submitting this form, I affirm that the governing body of the Applicant has duly authorized this application and I have been authorized to submit the application.

First and Last Name of Authorized Representative

Terms of Acceptance

- ☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge the above Terms of Acceptance.

Date Signed

## Budget

### Proposed Budget Summary

#### Expense Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Net New Job			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Upskilling Existing Employee			
<b>Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Proposed Cost</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

#### Revenue Budget

	Grant Funded	Non-Grant Funded	Total Budgeted
Grant Funding			
Award Requested	\$0.00		\$0.00
<b>Subtotal</b>	<b>\$0.00</b>		<b>\$0.00</b>
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
<b>Subtotal</b>		<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Proposed Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Proposed Budget Detail

### Proposed Budget Narrative

#### Net New Job

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.

#### Upskilling Existing Employee

Eligible Projects Costs: Enter the total amount in the "Direct Cost" field. If this Line Item has Match, change "Non-Grant Funded" to "Yes". Enter in your Match Dollar Amount or Match Percentage. After saving your line item, verify that the "Grant Funded", "Non-Grant Funded" and "Total Budgeted" columns are correct. Do not enter Ineligible Project Costs in this category.