

City and County of Denver
Office of Economic Development - Workforce Development

REQUEST FOR CUSTOMIZED TRAINING- H1-B GRANT PROGRAM

The Office of Economic Development-Workforce Development Training Subsidy Program has established this application for those businesses interested in pursuing a Training Subsidy opportunity using the H1-B Grant Program. Completion of this document allows a business to be considered for the program, but is not a guaranteed authorization to participate in the program. This decision will be made by the Training Subsidy management team. As a condition of the program businesses must meet the following eligibility requirements:

- Proof of current payment into Unemployment Insurance (unless exempted by State of CO with written documentation)
- Proof of current payment into Workers' Compensation

Business Information

Today's Date: Business Name:

Industry of Business: Business Contact:

Contact Email Address: Contact Phone #

How long has this business been operating?

How many FT employees does your business have?

Is your business paying into: Workers Compensation? Yes No

Unemployment Insurance? Yes No

Training Description

Detailed Description of Training:

Provider(s) of Training:

Length of Training:

Proposed Dates of Training (start and end):

Number of Participants in Training:

Names of Potential Trainees:	Job Title	Annual Salary

Total Cost of Training (please provide a quote from the training provider with this application detailing the training costs and breakdown of training to be learned):

Company Authorized Signature

The information provided with this request is true and correct to the best of my knowledge. Furthermore, I have reviewed the Terms and Conditions as outlined in the attached Business Assurances and Certification document. I assure that this company will abide by the conditions outlined and that I am the Authorized Representative of the Company. I also understand that all funding that may be approved for this training is subject to termination at the discretion of the Office of Economic Development.

<u>Signed</u>	<u>Date</u>
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Designated Training Subsidy Administrator Authorized Signature

I have met with the Authorized Representative of the Company and visited the site where this training position will be located. I have also reviewed the Employer's training description. To the best of my knowledge, the requested training is appropriate for qualified applicants in their respective position(s).

<u>Signed</u>	<u>Date</u>
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*****ALL TRAINING SUBSIDY APPROVED POSITIONS ARE BASED ON AVAILABILITY OF FUNDS*****