Nebraska Worker Training Program
550 South 16th Street • Lincoln, NE 68509-4600
Telephone: (402) 471-9977 ● Fax: (402) 471-2022

Training Grant Application

Applicant Name:	Contact Name and Title:
Nebraska UI Account Number:	Phone Number:
Federal Employment ID Number:	Fax Number:
Mailing Address:	Business Size: ☐ <100 ☐ 100-499 ☐ 500 or more

Project Name	Total Average Hourly Wage
Address of Project Site:	Project Dates
Total Number of Workers to be Trained:	Training Provider

Summary of Project:

Need and Purpose of Training:

Proposed Training Plan:

Services Provided by Training Provider:

Services Provided by Training Provider Subcontractor(s) (if any):

Goals and Outcome Measures:

Total Project Funds Requested: Total Matching Contribution:	Budget Plan (Itemization) Attach a Line item Breakdown of Funds Requested and Matching Contribution

COMPLIANCE REQUIREMENT WITH *NEB. REV. STAT.* §§4-108 THROUGH 4-114 (LB 403, Laws 2009)

☐ **The applicant is a business entity, other than an individual or sole proprietor.** Applicant understands that it is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of new employees physically performing services within the State of Nebraska. For purposes of this Agreement, federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 USC 1324a (known as the E-Verify Program) or an equivalent federal program designated by the US Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee.

☐ **The applicant is an individual or sole proprietor.** For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4_114, I attest as follows:

☐ I am a citizen of the United States.

-OR-

☐ I am a qualified alien under the federal Immigration and Nationality Act. My immigration status and alien number are as follows:
I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

Printed Name: [first, middle, last] **| Signature** **| Date**

Attach a copy of documentation of the types of training, and the identity of the provider and subcontracting provider. Your application must include a signed copy of the provider contract, memorandum of agreement or letter of engagement. Failure to complete this application will result in a decrease in points awarded, and may result in no grant award.

Equal Opportunity Employer/Program ● TDD: (800) 833-7352

Information received is subject to public records requirements of *Neb. Rev. Stat.* §84-712, *et seq*.