

BUSINESS TRAINING/CERTIFICATION GRANT APPLICATION

Please complete and submit this form with all required supporting documents.

Name of Business		Federal taxpayer ID #	
Contact First Name	Contact Last Name		
Address	City	State	Zip
Telephone Number	Email Address		

Type of training (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Workforce education & development <input type="checkbox"/> New hire training <input type="checkbox"/> Business consulting 	<ul style="list-style-type: none"> <input type="checkbox"/> Workforce expansion & retention <input type="checkbox"/> Licensing/certification <input type="checkbox"/> Other (please specify)
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Provide a brief description of the training and use of the funds, including a list of the employees who will receive training (attach an additional sheet if necessary)

Provide a brief description of the benefit of the training for your business

Summary of training cost (attach quote or copy of training price list)

Amount requested: _____ (Maximum of \$1,000 per business per funding cycle of 12 months)

Dates of training program: _____ (No retroactive use of funds; funding must be approved before training occurs)

Mail/email and submit an original of the completed application with **ALL** supporting documents listed below to:

Trail County EDC
PO Box 856
Hillsboro, ND 58045
director@traillcountyedc.com

Please check and include the following required supporting documents to this application:

- Quote or price list
- Completed IRS Form W-9
- Proof of payment

Certification:

I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct. I also certify that the applicant shall maintain accurate accounting records. I further certify that the applicant represents a business, organization or political subdivision within the state of North Dakota and is in compliance with all local, state and federal laws and regulations. I also further certify that the applicant is in good financial standing and has no delinquencies on existing government grants or loans. Furthermore, I agree that the applicant will abide by the guidelines of the Traill County Economic Development Business Training/Certification Grant and faith-based provider federal guidelines, if appropriate.

Due to the nature of the organization, if the training does not comply with the grant guidelines, the grant amount paid to recipient organization must be repaid to Traill County Economic Development. Loan terms include a 1-year repayment with 5.25% interest.

Name (Please Print)

Title

Authorized Signature

Date