
COMPANY/APPLICANT NAME (Please provide full legal name)

COMPANY WEB SITE

COMPANY/APPLICANT ADDRESS

TELEPHONE

CHIEF EXECUTIVE/OWNER NAME

NAMES OF OTHER COMPANY OFFICERS

COMPANY CONTACT FOR GRANT (This person will be required to attend the grant review committee meeting.)

NAME

ADDRESS

TELEPHONE

EMAIL

The applicant verifies that all employees receiving training funded by the New Hampshire Job Training Fund are residents or employed in New Hampshire:

YES

NO

The applicant verifies that the company/applicant is in compliance with all applicable federal, state or local laws and regulations:

YES

NO

Businesses physically located or which intend to be physically located within the State, and pay the NH unemployment insurance tax, are eligible for the JTF program.

COMPANIES LOCATED IN NH:

Please attach a **current** certificate of good standing with the NH Secretary of State. This certificate is available by mail (\$5.00 pre-paid). Request in writing should be addressed to the NH Secretary of State Corporate Division, 107 North Main St., Concord, NH 03301. (Certificates of Good Standing are also available in person for an additional \$25.00).

COMPANIES INTENDING TO LOCATE IN NH:

Please attach a lease, purchase and sales agreement, or deed for real estate. Also attach a **current** certificate showing of good standing with the NH Secretary of State.

AS AN APPLICANT FOR JOB TRAINING FUNDS, THE UNDERSIGNED UNDERSTANDS AND/OR ASSURES:

- I am authorized to enter into a contractual agreement for the above named company/applicant.
- Our company/organization will provide training evaluations using forms supplied by the Job Training Fund.
- Our company/organization will track all expenditures related to this project separately from other company funds, provide detailed invoices, and copies of receipts for all project-related expenses, including the company match funds.
- Our company/organization will abide by all non-discrimination laws in determining who is eligible to receive this training.
- Our company/organization has I-9 citizenship documentation on file for all employees.
- Our company/organization certifies that, all reports due on any previously funded training program have been completed and submitted.
- Our company/organization certifies its ability and willingness to enter into a contractual agreement with State of New Hampshire for New Hampshire Job Training Grant Program Funds.

THE APPLICANT SHALL MAIL OR HAND-DELIVER THE ORIGINAL AND 12 COPIES OF THE APPLICATION AND ALL ATTACHMENTS TO:

Office of Workforce Opportunity
DRED
PO Box 1856, 172 Pembroke Rd.
Concord NH 03301-1856

SIGNATURE AUTHORITY:

The undersigned is authorized on behalf of the above company or organization to enter into a financial agreement for the project outlined within this proposal and has the authority to certify to the above affirmations and to commit the company/organization's cash matching funds to the project.

PRINT/TYPE SIGNER NAME

TITLE

SIGNATURE

DATE SIGNED