



TRAINING SITE APPLICATION

Each physical location must have a unique application & safety survey.

Name of Organization/Agency		Site Name (if different)	FEIN
Street Address			
City		State	Zip Code
Telephone Number		Fax Number	
Name & Title of General Contact Person			E-mail address

Does this organization offer multiple training locations? Yes No

Type of Agency

- Government (circle one): **Federal** **State** **County** **Municipal**
- Non-profit** organization that is tax exempt under §501c3 of the Internal Revenue Code of 1954. (Attach copy of the I.R.S. determination letter of §501c3 status.)

Funding Sources

Please indicate sources of agency's funding as percentages. (Total must be 100%.)

Federal Government:	%	Local Government:	%
State Government:	%	Private Sector:	%

Fiscal Year

The agency's fiscal year ends: _____

Purpose of Organization

Briefly describe the organization's purpose and target population. (Attach additional sheet if needed).



Attach additional copies of this page for multiple positions.

Training

Title of on-the-job training position desired:

Training position supervisor: _____ Telephone: _____

Briefly describe on-the-job training that will be provided, or attach description: _____

Employment

Is it possible to employ the participant upon successful completion of training?

- Yes**, provided that funding is available.
- No**, there is not a reasonable expectation that funding will be available.

If no, what can be done by the training site to assist in finding unsubsidized employment for the participant? _____

Maintenance of Effort Agreement

I verify that this training position constitutes a new or expanded service and is not a violation of maintenance of effort regulations of the U.S. Department of Labor. (Positions of SCSEP participants shall be in addition to positions which otherwise would be funded by the local training site without assistance from SCSEP. Positions funded under SCSEP shall result in an increase in employment opportunities over those which would otherwise be available; may not result in the displacement of currently employed workers, including partial displacement such as reduction in hours of non-overtime work, wages or employment benefits; may not impair existing contracts for service or result in the substitution of federal funds for other funds in connection with work that would otherwise be performed; may not substitute program jobs for existing federally assisted jobs; may not employ or continue to employ a trainee to perform work the same or substantially the same as that performed by any other person who is on layoff.)

Signature of authorized agency representative

date

Print name and title of authorized agency representative