On-the-Job Training Grant Application

Program Start: September 1, 2025
Program End Date: December 31, 2026
Updated: July 1, 2026
Population Served: Adult, Business
Agency: Dept. of Labor
Source Of Funding: State

Business/Employer: _____

Address: _____ City: _____ State: **NY** Zip: _____

County: _____ Tax ID: _____ Date Business Formed: _____

Website: _____ Industry: _____ Total # of Employees: _____

Are you a Not-for-Profit? ○ Yes ○ No Are you a **501c3?** ○ Yes ○ No If other, identify it here: _____

Contact Name: _____ Phone: _____ Email: _____

HR/Training Contact Name: _____ Phone: _____ Email: _____

Training for # of employees: _____

Are the employees over the age of 18?	○ Yes	○ No
Are the employees full-time (over 32 hrs per wk)?	○ Yes	○ No
Do the employees make over $18 per hr?	○ Yes	○ No
Do the employees make less than a pre-deduction wage of $91,556/yr ($44.02 per hour)?	○ Yes	○ No
Are you a Veteran Owned Business?	○ Yes	○ No
Are you a Women Owned Business?	○ Yes	○ No
Are you a Minority Owned Business?	○ Yes	○ No

By signing this contract, the business agrees to provide all necessary documentation for grant consideration, application, and reimbursement. The business also understands that the grant is a reimbursement grant for On-the-Job Training upon completion of the approved training and agrees to continue employment of the employee(s) with a 6-month survey supporting that employment. Additionally, the applicant acknowledges their responsibility to comply with New York State Executive Law Article 15-A (MWBE) and Veterans' Services Law Article 3 (SDVOB). The applicant affirms that they have either **[ ] Secure Utilization:** Retained a NYS-certified MWBE/SDVOB partner for the training or contractual obligations outlined in this proposal -or- **[ ] Good Faith Effort:** Attempted in good faith to solicit bids from NYS-certified MWBE/SDVOB entities but was unable to secure a qualified partner due to specialized training requirements or lack of certified vendors in the geographic area (the applicant must retain a a *Good Faith Effort Documentation Log in case of NYS audit*).

Employer Signature: _____ Date: _____

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