



On-the-Job Training Grant Application

Program Start: **September 1, 2025**

Program End Date: **August 31, 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 furthermore agrees to continue employment of the employee(s) with a 6-month survey supporting that employment.

Employer Signature: _____

Date: _____

Before emailing your application, verify your eligibility and use the Grant

Checklist to ensure you have all necessary information.

A complete Training Plan must be submitted with your application.

Amherst Chamber of Commerce
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