



## 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: \_\_\_\_\_

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