

2018 Youth and Training Pilot Grant for Tourism Industry Application

Please complete the following APPLICATION to participate in the 2018 Youth and training Pilot Grant program. If you need help in completing this form, please call 207-623-7900 or TTY users call Maine Relay 711.

<p>1. Applicant (Employer) Name</p> <p>Name: <input style="width: 90%;" type="text"/></p> <p>DBA: <input style="width: 90%;" type="text"/></p> <p>Date Established: <input style="width: 90%;" type="text"/></p>	<p>2. Business Info</p> <p>Federal Employer Identification No.: <input style="width: 90%;" type="text"/></p> <p>Type of Business (check one)</p> <p><input type="radio"/> Private for Profit <input type="radio"/> Private not for Profit*</p> <p style="font-size: small;">*NOTE: Only private-sector businesses are eligible to apply</p>
<p>3. Mailing Address</p> <p>Street: <input style="width: 95%;" type="text"/></p> <p>City: <input style="width: 20%;" type="text"/> State: <input style="width: 5%;" type="text"/> ZIP <input style="width: 20%;" type="text"/></p>	<p>4. Contact</p> <p>Contact Name: <input style="width: 95%;" type="text"/></p> <p>Telephone <input style="width: 20%;" type="text"/> Fax <input style="width: 15%;" type="text"/></p> <p>Email: <input style="width: 95%;" type="text"/></p>

Employer Information

5. Number of Employees				
	Company Wide		At Project Site	
	Total	Full-time, Permanent	Total	Full-time, Permanent
Current Total	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Expected	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
6. Products / Services		7. Industry Type		
Business Product(s) or Service(s) at Project Site <input style="width: 95%;" type="text"/>		NAICS Code (if known): <input style="width: 90%;" type="text"/>		
		Are your products/services sold outside U.S.? Yes No		
8. Other Company Locations (if applicable)		9. Parent Company (if applicable)		
List city, state / country of each location		Name of company: <input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		City: <input style="width: 20%;" type="text"/> State: <input style="width: 5%;" type="text"/> ZIP <input style="width: 20%;" type="text"/>		

Project Information

10. Reasons for Request:
<input style="width: 95%; height: 45px;" type="text"/>

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Applicant:

11. Proposed Project Location			12. Training Time Frame (dates)			
City / Town:	<input type="text"/>	<input type="text"/>	Start	<input type="text"/>	End	<input type="text"/>

Compliance

Additional Considerations

13. Has the employer remained in compliance with state and federal regulations in the past five years? Yes No

If no, please explain:

14. What will be the return to the State for this award of funds? Provide attachment if necessary.

All records are open to disclosure, upon request, to authorized Government officials for authorized use. Certain information must be made available for public inspection including: company names, amounts, types and terms of assistance, description of projects and businesses, number of trainees and projected tax revenues, and any information, not otherwise defined as confidential by State statute. Confidential records are not open to public inspection. Confidential records may include proprietary information and also include tax and financial information, financial monitoring, credit assessment, and potential investors.

Signed by: _____ Date:

Please Print Name: Title:

**The Maine Department of Labor provides Equal Opportunity in employment and programs.
Auxiliary aids and services are available upon request to people with disabilities.**

Submit Form

Thank you for your interest in the program. To file this application, fill in all necessary fields and click on the button below to print. Mail the completed and signed form to the address at the bottom of this page:

Shortly after the receipt of your application, we will be in touch to confirm receipt and discuss your particular needs.

Yes Initiative
Maine Department of Labor
54 State House Station
Augusta, ME 04330-0054

If you have any questions about the form or how to complete it, call 207-623-7900.

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