

**ST. LAWRENCE COUNTY ARPA  
NEW EMPLOYEE TRAINING PROGRAM  
Request for Program Consideration**

The St. Lawrence County Industrial Development Agency ARPA New Employee Training Program provides financial reimbursement to employers to offset the costs and the decreased productivity associated with training a new employee. Funding will be provided on an ongoing basis while funding remains available.

Completion of an application is not a guarantee of award. Applications will be reviewed, and awards will be made at the discretion of the St. Lawrence County Industrial Development Agency.

The following are required for program consideration:

- The Employer must be in good standing with all State and Federal regulatory agencies.
- Training shall be provided only for occupations in which there is a reasonable expectation of continued and permanent employment. Seasonal positions shall be considered if they offer a long-term employment opportunity.
- No agreement will be written for a newly hired individual when another individual is on layoff from the same or equivalent position or when the workforce has been reduced to make the new hire.
- Funds cannot be used to assist in relocating establishments.
- The Employer must provide Workers Disability Compensation.
- Compensation cannot be based solely on a commission, incentive, or piece-rate basis.
- The Employer must have the necessary equipment, materials, and supervision to conduct a quality and safe training program.
- The request for funding must be submitted to the St. Lawrence County IDA at least two (2) weeks prior to the start date of the new employee(s).

The program funding and reimbursement will be provided in the following amounts and timeline:

- New employee wages during the training period may be reimbursed up to \$5,000 per employee.
- Reimbursement will be provided upon documentation that the employee has been retained for at six months and submission of appropriate back up documentation.
- No reimbursement or payment will be made without a signed agreement between the IDA and the employer identifying the individual hired and designating the eligibility of that individual for the program.

If you have any questions, please contact the St. Lawrence County IDA at (315) 379-9806.

### General Provisions

---

- The Employer will maintain payroll data to support the submission of the Timesheet or Payroll Data and Voucher used for reimbursement.
- The Employer will provide State Worker's Compensation coverage and pay all applicable payroll taxes and other taxes, or costs as required by law.
- Payment will be made only after submission of Voucher with attached Payroll Data Sheets or Timesheets verifying six months of employment per individual hired.
- The Agency may modify or terminate this agreement if the Employer has failed to comply with the Program objectives or reporting requirements, including immediate notification of any change in employee status.
- No Employer shall be eligible for the Training Program if the new hire is a member of the employer's immediate family (wife, husband, son, daughter, brother, brother-in-law, sister, sister-in-law, father, father-in-law, mother, mother-in-law, aunt, uncle, niece, nephew); or if a member of the family is engaged in an ownership capacity for the Employer.
- No reduction in hours, displacement, or dislocation of employees in St. Lawrence County will result from the use of Program monies. No infringement of promotional opportunities for other employees will occur.
- The Employer certifies that the new employee has legal status to work within the United States.
- Upon satisfactory completion of the Program, the Agency expects the employer to retain the participant as a regular employee without receiving a subsidy for at least 6 months.
- The Agency may modify or terminate this agreement at any time upon presentation of written notice to the Employer.
- The Employer shall hold and save the Agency, its official agents and employees, harmless from liability of any nature or kind, including costs and expenses, for or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting from in whole or in part from the negligent performance or omission of any employee, agent, or representative of the Employer.

### Grievance Procedure

---

- The Employer agrees to attempt to resolve disputes arising from this agreement by administrative processes and negotiation in-lieu-of litigation.
- Any disputes concerning the question of fact arising under this agreement which is not settled by informal meetings shall be decided by the Agency's authorized representative who shall mail the written decision to the Employer or otherwise furnish a copy.
- In connection with any appeal proceeding under this provision, the Employer shall be afforded an opportunity to be heard and to offer evidence in support of the appeal. Pending final decision of a dispute hereunder, the performance of the Employer shall proceed in accordance with the Agency's decision.
- This procedure does not preclude consideration of law questions in connection with decisions provided above: Provided that nothing in this agreement shall be construed as making final the decision of any administrative official, representative or board on a question of law.
- The Employer agrees to pay any debt incurred while in violation of this agreement.



**ST. LAWRENCE COUNTY ARPA  
NEW EMPLOYEE TRAINING PROGRAM  
Application & Training Detail**

Employer:	
Employer Contact Name:	
Employer Contact Title:	
Employer Address:	
Employer Contact Email Address:	
Employer Phone Number:	
Employer Tax ID Number:	

<b>Employee 1 Name:</b>	
Employee 1 Address:	
Projected Average Hours/Week:	
Hourly Rate:	
Projected Hire Date:	
Employee 1 Job Title:	
Employee 1 Job Description Details:	<i>Use additional sheets, if necessary.</i>



**Application & Training Detail Continued**  
*Use this page to include additional employees as needed:*

<b>Employee 2 Name:</b>	
Employee 2 Address:	
Projected Average Hours/Week:	
Hourly Rate:	
Projected Hire Date:	
Employee 2 Job Title:	
Employee 2 Job Description Details:	<i>Use additional sheets, if necessary.</i>
<b>Employee 3 Name:</b>	
Employee 3 Address:	
Projected Average Hours/Week:	
Hourly Rate:	
Projected Hire Date:	
Employee 3 Job Title:	
Employee 3 Job Description Details:	<i>Use additional sheets, if necessary.</i>

<b>Employment Information</b>		
<i><b>Existing Jobs</b></i> – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.		
Indicate how many existing full-time equivalent jobs the applicant and any related entities employ in St. Lawrence County.	# of Jobs:	

**ST. LAWRENCE COUNTY ARPA  
NEW EMPLOYEE TRAINING PROGRAM  
COVID FUNDING INFORMATION**

**Total Loss due to COVID since March, 2020 to June 30, 2022:**

(Please attach tax documents, financial statements and/or calculation sheets that show this amount)

**Were you awarded any other COVID relief type of funding in the past?  
(List amounts, if any. If you did not receive the funding, please place an N/A in the box.)**

PPP(Paychex Protection Program) – Amount Borrowed	
PPP(Paychex Protection Program) – Amount Forgiven	
EIDL(Economic Injury Disaster Loan) – Amount Borrowed	
EIDL(Economic Injury Disaster Loan) – Amount Forgiven	
NY State COVID Funding	
Any other COVID Relief Funding	
ARPA Funding (Did you receive local municipality ARPA Support - Town, City, Village?)	



**Did you apply for and were denied any other COVID relief type of funding?**

If so, please explain the relief that was applied for and denied.

(From Whom? How Much? Reason Provided as to why you did not qualify)

**Completion of an application is not a guaranty of award. Applications will be reviewed, and awards will be made at the discretion of the St. Lawrence County Industrial Development Agency.**

<b>Signature of Company Official Completing Application:</b>	<b>Title:</b>	<b>Date Completed</b>
X		

**CERTIFICATION:** I, \_\_\_\_\_ being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information, and belief; and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the St. Lawrence County Industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State’s Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.