

**ST. LAWRENCE COUNTY ARPA
EXISTING WORKER TRAINING PROGRAM
Request for Program Consideration**

The St. Lawrence County ARPA Existing Worker Training Program provides financial reimbursement to employers to help offset the costs associated with upgrading the skills within the employer's existing workforce. 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.

Funding may be used for the following areas. Please note that this is not an all-inclusive list:

- General upgrade of worker skills for the training of a new technology (i.e., new equipment or equipment upgrades)
- Training in productivity, processes, and efficiency upgrades
- Maintenance and skilled trades upgrades
- Forklift Driver and other Material Handling Equipment Driver Training
- OSHA/Other similar safety training

Each Existing Worker Training Program engagement would specify a set training program, including number of employees trained, the cost of training, and the topics to be covered. Each company selected would be eligible for up to \$7,500 in training reimbursement funds. The IDA will determine the amount of funding, how the funding will be distributed, and what documentation is required prior to the distribution of the funds. A number of factors will determine the actual funding level, including the amount of funding proposed, the number of people being trained, the amount of other funds leveraged and the overall positive economic impact of the proposed training program.

The following documents are included within this packet. Completion by the employer requesting consideration for the Existing Worker Training Program and submittal to the Agency at least two (2) weeks prior to the start date of the proposed programs or classes.

- Request for Program Consideration
- General Provisions and Grievance Procedure
- Application & Training Detail
- Needs Assessment
- Application Certification

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

General Provisions

- Reimbursement shall be made only after submission of a completed Voucher (sample provided). The Voucher must have attached any paid invoices and any additional documentation agreed upon and the employer must show that the trainees have been retained as regular employees without receiving additional subsidy
- The employer must provide Worker's Disability and Compensation Insurance on trainees.
- The Agency may modify or terminate the Agreement if the Employer fails to comply with the program objectives or reporting requirements, including immediate notification of any change in the training or the training schedules or in the status of the specific individuals to be trained.
- No reduction in hours, displacement, or dislocation of employees in St. Lawrence County will occur from the use of the Training Program funds. Additionally, no infringement of promotional opportunities for other employees will occur.
- The Employer shall agree to provide the Agency with a year-end report, which shall include the employment and training status of those employees covered by this Program.
- By executing the Agreement, Employer is certifying that the trainees have legal status to work within the United States.
- Upon satisfactory completion of the Program, the Agency expects that the employer will retain the trainee as regular employees without receiving additional subsidies 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
EXISTING WORKER TRAINING PROGRAM
Application & Training Details**

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

Brief description of Training Program to be provided, include proposed training details, and attach backup information:



All requests for consideration MUST include a completed Needs Assessment.

**EXISTING WORKER TRAINING PROGRAM
Needs Assessment**

Identify the changes that are taking place in the region, in the industry and **within your organization** that require worker training.

Identify the new skills/adaptations that these changes require of your employees who will benefit from this request.

Will the existing worker training lead to job creation, job retention, or promotion? If so, how?

Employment Information		
<i>Existing Jobs</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
EXISTING 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.

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