

Section A: Grant Application

The **WorkInvestNH** application can be filled out and saved on your desktop.
Email your complete application and attachments as a single PDF document to:

jobtrainingfund@nhes.nh.gov or mail or hand-deliver

one complete application and attachments to:

NHES

ATTN: WorkInvestNH

45 South Fruit Street

Concord, NH 03301-5791

Company Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Company Contact _____ Title _____

Contact Email _____ Contact Phone _____

FEIN/Tax ID _____ Industry _____ Type of Business _____

(LLC, Corporation, etc.)

What is the number of employees in the NH Facility? _____

How many individual employees are to receive training? _____

Briefly describe the Company products and/or services

Has the Company been awarded a **WorkInvestNH** Grant in the past? Yes No

If yes, has the Company completed a Final Evaluation? Yes No

Has any training been provided in the past two years? Yes No

If yes, how many employees were trained? _____

If training was provided, list the training vendors used _____

If training was provided, list the courses offered _____

Section B: Training Summary

Provide summary information below for each proposed training course. A proposed training form and written quote from the training vendor(s) must be submitted for **each** course - and in order - listed below.

List the training courses your company wishes to offer, in order of priority

Total number of unique employees to be trained: _____

Training Vendor Name _____

1 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

2 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

3 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

4 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

5 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

6 Training Program _____

Grant Share _____ Company Share _____

Training Vendor Name _____

7 Training Program _____

Grant Share _____ Company Share _____

TOTAL GRANT SHARE _____ TOTAL COMPANY SHARE _____

WorkInvestNH

Section B: Proposed Training, Course # _____

Complete a proposed training form for **each** training course, and include an itemized quote from the training vendor. List only **one** course on this worksheet; download additional copies of this form as needed.

*The **WorkInvestNH** rules require that costs be itemized and that funds not supplant Company training funds.*

TRAINING VENDOR INFORMATION

Training Vendor Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Phone Number _____ Website _____

Training Course/Type of Training _____

Training Course Title _____

Describe how this training program will train employees to implement new skills and/or technologies that will benefit them, the Company, and the economic development of New Hampshire.

What certifications, credentials, or credit will the employees earn? _____

Please provide the salary range for each classification of employee attending this training (Production Line, Supervisor, Management, etc.) and describe how this training will create opportunities for advancement for the employees involved.

Desired Training Start Date _____ Training End Date _____

Are your training dates flexible Yes No

WorkInvestNH

TRAINING REIMBURSEMENT REQUEST

Company Name: _____

Company Payment Address: _____

Agreement Number: _____

Contact Name: _____

Contact Phone: _____ Email: _____

Training Dates: _____ Today's Date: _____

Is this your FINAL Reimbursement Request? YES NO

If YES, you must complete your Final Evaluation to receive payment.
The Final Evaluation Survey is located at <https://www.surveymonkey.com/r/NHES-JTF>

Final Evaluation Confirmation Code _____

Total training costs in this request: \$ _____

Reimbursement amount requested (should equal ½ of total approved training costs): \$ _____

Please attach the following documentation with each reimbursement request:

- Explanation of training
- Vendor invoices for training costs
- Copies of proof of payment (cancelled checks, credit card receipts, etc.)

I authorize that the above information is correct, and that training has been completed:

Company Contact Name

Include this form with all your reimbursement requests and email to: JobTrainingFund@nhes.nh.gov
NH Department of Employment Security | Phone: 833-658-4760

Date of Fully Executed Contract (Encumbrance): _____

APPENDIX II-G

COVER SHEET FOR FINAL PROPOSAL

Notice Number	2021-128	Rule Number	Emp 404 (various); Emp 504.01
---------------	-----------------	-------------	--

<p>1. Agency Name & Address:</p> <p>State of New Hampshire Department of Employment Security 45 South Fruit Street Concord, NH 03301</p>	<p>2. RSA Authority: RSA 282-A:112, I; RSA 282-A:181; RSA 282-A:182, I</p> <hr/> <p>3. Federal Authority: 26 U.S.C. 3304(a)(8); 42 U.S.C. 1320b-7(a) and (b)(3)</p> <hr/> <p>4. Type of Action:</p> <p><input type="checkbox"/> Adopt</p> <p><input type="checkbox"/> Amendment (only if Initial Proposal was filed before 9/27/20.)</p> <p><input type="checkbox"/> Repeal</p> <p><input type="checkbox"/> Readoption</p> <p><input checked="" type="checkbox"/> Readoption w/amendment</p>
---	--

5. Short Title: **Job Training Program and Work Search Waivers for WorkNowNH**

6. Contact person for copies and questions:

Name:	Marie-Helene Bailinson	Title:	Legal Coordinator
Address:	New Hampshire Employment Security 45 South Fruit Street Concord, NH 03301	Phone #:	603-228-4072

7. The rulemaking notice appeared in the Rulemaking Register on December 16, 2021

**SEE THE INSTRUCTIONS--PLEASE SUBMIT ONE COPY OF THIS COVER SHEET
AND ONE COPY OF THE FOLLOWING:
(optional to number correspondingly)**

8. The "Final Proposal-Fixed Text," including the cross-reference table required by RSA 541-A:3-a, II as an appendix.

9. Yes N/A Incorporation by Reference Statement(s) because this rule incorporates a document or Internet content by reference for which an Incorporation by Reference Statement is required pursuant to RSA 541-A:12, III.

10. Yes N/A The "Final Proposal-Annotated Text," indicating how the proposed rule was changed because the text of the rule changed from the Initial Proposal pursuant to RSA 541-A:12, II(d).

11. Yes N/A The amended fiscal impact statement because the change to the text of the Initial Proposal affects the original fiscal impact statement (FIS) pursuant to RSA 541-A:5, VI.

INSTRUCTIONS FOR THE COVER SHEET FOR FINAL PROPOSAL

The first and second unnumbered items, and Items 1 through 5, shall be completed with the same information as appeared in the “Rulemaking Notice Form” (Appendix II-C) as published for the Initial Proposal in the Rulemaking Register. Item 6 shall identify the name, title, address, and telephone number of the person in the agency who can answer questions about the proposed rule and supply copies.

In Item 7 the agency shall list the full date, by month, day, and year, on which the “Rulemaking Notice Form” was published in the Rulemaking Register.

Items 8 through 11 all relate to required attachments to the “Final Proposal Cover Sheet”. PROVIDE ONE COPY OF EVERYTHING SUBMITTED. IT IS OPTIONAL TO NUMBER THEM ACCORDINGLY. Item 8 is required in every filing, and therefore is listed without a check-box. Items 9 through 11 will be required only under the circumstances set forth in the description of the items listed below. The agency shall determine whether such attachment is required and then check either the “Yes” box to indicate that the document is required and has been attached or the “N/A” box if the document is not required and therefore not applicable:

- Item 8. The “Final Proposal—Fixed Text,” required by RSA 541-A:12, II(b). See also Section 2.12 of Chapter 3 in the Manual. Include the cross-reference table required by RSA 541-A:3-a, II as was done for the Initial Proposal. See Section 2.4 of Chapter 3 in the Manual.
- Item 9. An “Incorporation by Reference Statement” (Appendix II-H) if the agency has incorporated a third-party document or Internet content by reference for which such a statement is required pursuant to RSA 541-A: 12, III. See Section 3.12 of Chapter 4 in the Manual.
- Item 10. The text of the final proposal annotated to reflect how the text of the Final Proposal differs from the text of the Initial Proposal, if the text has changed during the public hearing and comment process. See RSA 541-A:12, II(e) and Section 5.4 of Chapter 4 in the Manual.
- Item 11. The amended fiscal impact statement obtained from the Legislative Budget Assistant if, as a result of the public hearing and comment process, a change has been made to the rule which affects the original fiscal impact statement. See RSA 541-A:5, VI and Section 2.11 of Chapter 3 in the Manual.