



**ETIP MULTI-COMPANY COMPETITIVE GRANT – FY 2010  
COMPANY PROFILE  
(TO BE COMPLETED BY PARTICIPATING EMPLOYERS)**



Each company participating in the training project must complete the Company Profile form contained in this grant application package. Applicants must ensure that the companies complete these forms and that all of the information requested is provided. If a project is funded, the company profiles will be required throughout the grant period as participating companies are trained.

**Incomplete profiles will not be processed.**

**PLEASE TYPE OR PRINT LEGIBLY**

Company Name: (as listed with IRS)		Contact Person:		Check One: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Title:	
Address:			City:		State:	Zip Code: (9 digit zip code)	
					IL	+	
County:	Phone Number:	Ext:	Fax Number:	Email Address:			
	( ) -		( ) -				
Taxpayer Identification #:		Illinois Unemployment Insurance #:*		NAICS Code:		Web Site:	
-							
Type of Company:			Products Manufactured and/or Services Provided:			# of Employees:	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Other							
Percentage of sales (Sum should total 100%):				Countries where currently exporting products:			
In Illinois _____% Other states _____% Foreign _____%							

What other financial training assistance, including but not limited to any Federal, State, or local governmental financial assistance, has the company applied for or been awarded in the last 3 years? (If applicable, please check one or more)

- IL Department of Commerce and Economic Opportunity  
Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Secretary of State (Workplace Literacy)  
Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- City/Municipal (Specify) \_\_\_\_\_  
Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- Other (Specify) - Educational institution; foundation; non-profit; or employer organization (e.g. trade association; chamber of commerce)  
Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Labor Union(s) representing employees at facility (If additional unions, please specify per below and add an attachment):

Union(s):		Contact Person(s):		Position:			
Address:			City:		State:		Zip Code:

*The company certifies: that to the best of its knowledge, we are not in material violation of local, state or federal labor laws at any site involved in this application, and abnormal labor conditions such as a strike or lockout do not exist at any of these sites; employees will be notified in writing that the training is partially funded by the ETIP Program grant administered by the Illinois Department of Commerce and Economic Opportunity; and training is necessary to upgrade participating employees' skills to keep the company and employees current and competitive. Pursuant to 20 ILCS 605/605-810, the applicant agrees, if the project is funded, to make every effort to reemploy individuals who were previously employed at the facility when: 1) the employer is reopening, or is proposing to reopen a facility that was last closed during the preceding two years; 2) at least one-third of the persons who were employed at the facility before its most recent closure remain unemployed; 3) the product or service produced by, or proposed to be produced by, the employer at the facility is substantially similar to the product or service produced at the facility before its most recent closure. Further, the grantee agrees to notify the Department when all these conditions are met. The company agrees to report the employment status of all trainees at 90 and 180 days following the completion (last day) of training. The report shall be due no later than 190 days after the project end date. The company agrees to allow any agent authorized by the Department, upon presentation of credentials to, in accordance with the constitutional limitation on administrative searches, full access to and the right to examine any documents, papers, and records of the Grantee involving transactions relating to a Grant from the Department, including but not limited to, employee wage records, detailed invoice(s) received from and checks paid to external vendor(s) for training services provided during the course of the grant period. If applicable, documentation regarding the company's internal training program is required, including but not limited to approved hours plus approved cost as well as trainee sign-in sheets for each approved training activity performed. The company, on request by the department, to provide to the Department, a notarized certification signed and dated by a duly authorized representative of the participating company, or that representative's authorized designee, certifying that all participating employees are employed at an Illinois facility and, for each participating employee, stating the employee's name and providing either (i) the employee's social security number or (ii) a statement that the applicant has adequate written verification that the employee is employed at an Illinois facility. The Department may audit the accuracy of submissions. The company certifies that the information is accurate to the best of their ability. In addition, the applicant certifies that all individuals to be trained are full-time Illinois employees of the business, and none are unauthorized aliens as defined in 8 U.S.C. 1324a*

Company Officer (Please type or print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*For assistance acquiring this number, contact IDES Employer Services Hotline at 1-800-247-4984.*