Program Questions:
Existing Employee Training Program

Q_1553   Does the applicant business attest that without the proposed training, existing employees are at risk of being laid off?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1873   Does the applicant business attest that it is a private sector for-profit business (including corporations, LLCs and LLPs) with two or more employees, or a private sector not-for-profit business with two or more employees?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1989   Does the applicant business attest that if any of the workers targeted for training in this proposal are laid off within one year of the end date of the resulting contract, the business will be liable for the reimbursement to the State for the cost of training associated with the laid off worker(s)?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1990   Does the applicant business attest that any award will be expended on program activities in New York State, that it is the intention of the business that the employees to be trained will work in New York State upon completion of the training, and that the business(es) participating in this proposal are headquartered in New York State or have at least one site located in New York State?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1892   Does the applicant business attest that none of the funds being requested under this proposal will be used in the relocation of employment from facilities in other locations which will result in an employee losing his or her

job at the original location?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1874 Does the applicant business attest that the proposal was developed by the applicant after it conducted an assessment of its training needs?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1875 Does the applicant business attest that none of the training providers listed in the proposal or any consultant has written or contributed wording to the proposal or solicited the applicant business, as their customer, to apply for these monies?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1876 Does the applicant business attest that they will comply with New York State Labor Law and federal law for the protection of workers?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1991 Does the applicant business attest that the trainees targeted under this proposal are existing employees of the business, not independent contractors or contract employees?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1877 Does the applicant business attest that training will take place on company time and trainees will be compensated at no less than their normal rate of pay while they are attending training?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**

Q_1878 Does the applicant business attest that if awarded, job openings that occur during the contract period will be listed with the NYSDOL Job Bank?

- **Question Type:** Threshold
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

  To place a job order, go to
  http://www.labor.ny.gov/businessservices/services/perm.shtm.

Q_546 Legal Name of Applicant

- **Optional Question Header:** Applicant Information
- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_550 If you are a DBA, what is your DBA name?

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_549 Type of Applicant (select all that apply)

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Multi Choice
- **Choice Options:** Federal, State, County, City, Town, Village, Tribal, School District, County or Town Improvement District, District Corporation, For-Profit, Not-For-Profit, Individual, Business Corporation, IDA, LDC,LLC,LLP, Public Authority, Public Benefit Corp, Sole-Proprietorship. HDFC,BID, LP,Boards Of Cooperative Educational Services (BOCES), Fire District, Regional Planning and Development Board, Public Library, Association Library

Q_969 If you are a business, have you been certified as a New York State Minority or Women-owned Business Enterprise (MWBE)?

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Single Choice
- **Choice Options:** Yes, No, N/A

Q_551   Applicant Street Address

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_552   Applicant City

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_553   Applicant State

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_554   Applicant ZIP Code. (please use ZIP+4 if known)

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_547   Contact First Name

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_1049   Contact Last Name

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_1050   Contact Title

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_555 Applicant Email Address

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_651 Applicant Telephone Number, (please include area code)

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_1052 Additional Project Contact First Name

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_970 Additional Project Contact Last Name

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_1051 Additional Contact Title

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_561 Additional Contact Email Address

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_562 Additional Contact Phone Number. (please include area code)

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_928   Project Street Address: if the project does not have a definite street address, please skip to "Project without a Street Address" below.

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_565   Project City

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_972   Project county or counties.

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer

Q_568   Project State

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_1034   Project ZIP Code. (please use ZIP+4 if known)

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_971   Project Without a Street Address: please enter a description of the project location. Include project starting/ending street addresses, cities & zip codes if applicable.

- **Question Type:** Basic
- **Required:** No
- **Answer Type:** Short Answer

Q_572
Project Latitude

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer
- **Help Text:**

For projects that spans multiple locations, please enter the (latitude/longitude) of your organizations home or central office in New York State.

[Click HERE to determine Latitude](#)

Your latitude must be between +40 and +49.99.

Q_184
NYS Assembly District(s) where the project is located. (please enter a number between 1 and 150 that represents your Assembly District)

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer
- **Help Text:**

Click HERE to determine your Assembly district.

Q_190
NY Senate District(s) where the project is located. (please enter a number between 1 and 63 that represents your Senate District)

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Short Answer
- **Help Text:**

Click HERE to determine your Senate district.

Q_575
Project Description. Concisely describe the project, indicating the location, what will be planned, designed, acquired, and/or constructed, the issues/opportunities to be addressed, and expected outcomes and deliverables. Additional details will be collected later in the application process.

- **Optional Question Header:** Project Description
- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Long Answer

Q_930
Explain what makes your project a regional economic priority - for example creates jobs, economic investment, sustainability and community

revitalization, government efficiency or consolidation etc.

- **Question Type:** Basic
- **Required:** Yes
- **Answer Type:** Long Answer

Q_2362   If funding was awarded in prior CFA rounds, what were the CFA numbers for which funding was awarded? (separate multiple CFA numbers with commas)

- **Optional Question Header:** Prior CFA Funding
- **Question Type:** Basic
- **Required:** No
- **Answer Type:**

Q_1879   CFA Request for Proposals - General Narrative (informational attachment)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

  This document has been attached for informational purposes and contains important program information. It is strongly recommended that all applicants read this attachment. The document can be found at http://www.labor.ny.gov/CFA/general-narrative.pdf.

Q_1880   CFA Request for Proposals - Existing Employee Training Program (informational attachment)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

  This document has been attached for informational purposes and contains important program information. It is strongly recommended that all applicants read this attachment. The document can be found at http://www.labor.ny.gov/CFA/training-program-narrative.pdf.

Q_2594   Prequalification Package (informational attachment pertaining to not-for-profits only)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

All not-for-profit applicants **must** register with the new statewide Grants Gateway system and undergo a prequalification process **prior** to submitting their application under the CFA. Please read this attachment and follow the required steps. This document is available at: www.labor.ny.gov/CFA/not-for-profit-prequalification.pdf

Q_1942   Responsibility Questionnaire

- **Question Type:** Attachment
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

All applicants must complete this document and upload it as a pdf attachment to the application. The document can be found at http://www.labor.ny.gov/CFA/responsibility http://www.labor.ny.gov/CFA/responsibility-questionnaire.pdf.

Q_1943   Federal and State Certifications

- **Question Type:** Attachment
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

All applicants must complete this document and upload it as a pdf attachment to the application. The document can be found at http://www.labor.ny.gov/CFA/federal-and-state-certifications.pdf.

Q_1944   Notice to Individuals Submitting Proposals

- **Question Type:** Attachment
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

All applicants must complete this document and upload it as a pdf attachment to the application. The document can be found at http://www.labor.ny.gov/CFA/notice-to-individuals-submitting-applications.pdf.

Q_2113   Application for Competitively Bid Contract

- **Question Type:** Attachment
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

All applicants must complete this document and upload it as a pdf attachment to the application. The document can be found at http://www.labor.ny.gov/CFA/application-c http://www.labor.ny.gov/CFA/application-competitively-bid-contract.pdf.

Q_1949   Master List of Trainees

- **Question Type:** Attachment
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

  All Existing Employee Training Program applicants must complete this document and upload it as a pdf attachment to the application. The document can be found at http://www.labor.ny.gov/CFA/master-list-of-trainees.pdf.

Q_1946   Equal Employment Opportunity Staffing Plan

- **Question Type:** Attachment
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

  All applicants must complete this document and upload it as a pdf attachment to the application. The document can be found at http://www.labor.ny.gov/CFA/eeo100.pdf.

Q_2222   Master Contract for Grants (informational attachment)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

  This document has been attached for informational purposes. Successful applicants will enter into a contract with New York State. The master contract document can be found at http://www.labor.ny.gov/CFA/master-contract-for-grants.pdf http://www.labor.ny.gov/CFA/master-contract-for-grants.pdf.

Q_2223   Combined Terms and Conditions (informational attachment)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

  This document has been attached for informational purposes. For successful applicants, it will be incorporated into the contract with New York State. The document can be found at http://www.labor.ny.gov/CFA/terms-and-conditions.pdf.

Q_1954 Workforce Investment Act Regulations, Section 663.715 (informational attachment)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

This document has been attached for informational purposes. The document can be found at http://www.labor.ny.gov/CFA/wia-regs-sec-663-715.pdf.

Q_1953 Workforce Investment Act Section 505 (informational attachment)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

This document has been attached for informational purposes. The document can be found at http://www.labor.ny.gov/CFA/wia-section-505.pdf.

Q_1951 General Information for Successful Bidders (informational attachment)

- **Question Type:** Attachment
- **Required:** No
- **Answer Type:**
- **Help Text:**

This document has been attached for informational purposes. The document can be found at
http://www.labor.ny.gov/CFA/general-information-for-successful-bidders.pdf.

Q_1452 Enter your Federal Employer Identification Number (FEIN).

- **Question Type:** Standard Question
- **Required:** No
- **Answer Type:**
- **Help Text:**

A Federal Employer Identification Number (also known as an **Employer Identification Number** or **EIN)** is the corporate equivalent to a Social Security Number, although it is issued to anyone, including individuals, who has to pay withholding taxes on employees.

Also known as the Tax Identification Number (TIN) or the Federal Tax Identification Number, the FEIN is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purposes of identification.

Q_1881   Identify the number of employees to be trained under the proposal.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1882   Are all of the employees to be trained under this program 18 years of age or older?

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1883   Describe the compelling need for the proposed training, including: how the delivery of training will avert the layoff of the existing employees taking the training, the nature of the skills assessment performed, the results of the skills assessment, and the current state of the business, industry and economy that dictate the need for training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

  Relevant layoff aversion information may include, but is not limited to: competitor information, market data, general industry sector information, need for skill training due to upgrades in software or machinery, or other company advancements necessary to remain competitive.

Q_1884   Provide titles and full descriptions of every course in the program of training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1885   Describe how the proposed program of training aligns with the Regional Economic Development Council's five-year strategic plan. (Copies of each region's REDC strategic plan can be accessed at http://regionalcouncils.ny.gov/. Click on the "Regional Councils" button and go to the page for your region)

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1927
Describe the occupational skills to be acquired (occupational training is defined as instruction conducted in an institutional or worksite setting designed to provide individuals with or upgrade them in the technical skills and information required to perform a specific job or group of jobs) and how they are transferable (i.e., recognized industry-wide or across multiple industries).

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1886
Identify the sector or industry cluster to which the applicant business belongs.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**
- **Help Text:**

  For example, health care, advanced manufacturing, clean energy, transportation, construction, etc.

Q_1904
Identify and describe the necessary steps, timeframes, resources and responsibilities for implementation of the proposed training, and the method of delivery for the training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1887
Identify the percentage of trainees that are expected to be retained after training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1888
Identify the anticipated amount that the trainees' wages will increase at the conclusion of the training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1889   Identify the percentage of trainees who will receive an industry recognized credential or certification upon completion of the training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1890   Provide a description of the industry recognized credential or certification that the employees will receive at the conclusion of the training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1992   Provide the name, address and contact information for the training provider(s) that will be delivering the Existing Employee Training.

- **Question Type:** Standard Question
- **Required:** Yes
- **Answer Type:**

Q_1037   By entering your name in the box below, you certify and agree that you are authorized on behalf of the applicant and its governing body to commit the applicant to comply with the requirements of Article 15-A of the New York State Executive Law: Participation By Minority Group Members and Women With Respect To State Contracts by providing opportunities for Minority-owned Business Enterprise (MBE)/Woman-owned Business Enterprise (WBE) participation. You further certify that the applicant will maintain such records and take such actions necessary to demonstrate such compliance throughout the completion of the project.

- **Optional Question Header:** General Certifications
- **Question Type:** Certification
- **Required:** Yes
- **Answer Type:** Short Answer

Q_1038   By entering your name in the box below, you certify that you are authorized on behalf of the applicant and its governing body to submit this application. You further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been

made or furnished for the purpose of receiving Assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

- **Question Type:** Certification
- **Required:** Yes
- **Answer Type:** Short Answer