

The following information will be needed for employers whose employees will be receiving incumbent worker training.

****Note** There is a limit of 1 employer per plan. You will have the same number of plans under your grant than you do employers. You can initialize these grants as needed. You can also clone a plan by selecting the “Add an Additional Project for this Grant” button located at the top of the project detail page.

If you select an employer who has been associated with another project you will be prompted to get approval from Commerce. After you submit the request your project will remain in an “On Hold” status until approved. Then your project will be unlocked and you will be able to continue entering contacts and worksites, and other project information.

Organization Information

- Employer/Business Name
- Street Address
- City
- State
- ZIP Code
- Phone Number
- Agency Type (Select one of the following):
 - Adult Education Center
 - Association
 - Business
 - Community Based Organization
 - Community College
 - Faith Based Organization
 - Foundation
 - Government Entity
 - Hospital/Nursing Home
 - Illinois workNet Center
 - Labor Union
 - Other
 - Other School
 - Proprietary School
 - Public/Private University or College
 - Public Secondary School
- Employer Industry
- Federal Employer ID Number (FEIN)
- UI Account Number

- Is this location also a work site (where employees who will be training report to work on a routine basis)?
- Owner's Ethnicity and Female Owned Business:
 - White
 - Black
 - Hispanic
 - American Indian or Alaskan Native
 - Asian
 - Hawaiian or Pacific Island
 - Prefer Not to Answer
 - Female Owned
- Enter the match as a dollar amount contributed.
- How the employer match will be provided.
- Enter the total number of employees at this location.
- Enter the total number of employees at this location that will receive training.
- Provide a meaningful description of the impact of this training at this job site.

Contacts

- At minimum, identify a primary contact.
 - First Name
 - Last Name
 - Contact Type (Primary or Secondary Contact)
 - Email Address

Work Sites

Identify all of the specific work sites where the incumbent workers that will receive training go to work each business day.

- Employer/Business Name
- Street Address
- City
- State
- ZIP Code
- Phone Number
- Agency Type
- Enter the total number of employees at this location.
- Enter the total number of employees at this location that will receive training.
- Provide a meaningful description of the impact of this training at this job site.