

**EMPLOYER TRAINING INVESTMENT PROGRAM (ETIP)**  
**MULTI-COMPANY GRANT**  
FISCAL YEAR 2026  
**COMPANY PROFILE**  
(TO BE COMPLETED BY PARTICIPATING EMPLOYERS)

INCOMPLETE PROFILES WILL NOT BE PROCESSED. Please type or print legibly.

Company Name (as listed with IRS): \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code (9-digit): \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Year Established: \_\_\_\_\_ Taxpayer Identification #: \_\_\_\_\_

Illinois Unemployment Insurance #: \_\_\_\_\_

*(For assistance acquiring this number, contact IDES Employer Services Hotline at 800-247-4984 or access your account at [Illinois Job Link - Employers](#))*

NAICS (North American Industry Classification System) Code: \_\_\_\_\_

Website: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Company:

☐

Manufacturing

☐

Service

☐

Other: \_\_\_\_\_

Products Manufactured and/or Services Provided: \_\_\_\_\_

# of Illinois Employees: \_\_\_\_\_

Percentage of sales (Sum should total 100%):

In Illinois: \_\_\_\_\_ %

Other states: \_\_\_\_\_ %

Foreign: \_\_\_\_\_ %

Countries where currently exporting products: \_\_\_\_\_

Illinois Capital Investment During Grant Term – Total: \$ \_\_\_\_\_

Project Capital Investment During Grant Term: \$ \_\_\_\_\_

Total Employees at Project Location(s): \_\_\_\_\_

# Employees to be Trained: \_\_\_\_\_

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

☐ IL Department of Commerce and Economic Opportunity Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

☐ Other State of Illinois Training Assistance Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

☐ City/Municipal (Specify) \_\_\_\_\_ Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_

☐ Other (Specify – Educational institutions, foundations, non-profit, or employer organization (e.g. trade association, chamber of commerce)) \_\_\_\_\_ Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Labor Union(s) representing employees at facility.

Union(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

### ABC Schedule Completion

Participating companies need to complete the ETIP ABC Schedules to include all the planned training programs proposed. Please see the Training Schedule Instructions on the first tab of workbook for additional guidance.

### Company Certification

**This certification must be signed and dated by the Chief Executive Officer or duly authorized representative of the applicant company certifying that the applicant:**

The company certifies the following:

- 1) Understands that the receipt by the Department of an application for training assistance is not a guarantee or commitment by the Department for funding;
- 2) Agrees to discuss with representatives of the local Workforce Investment Act (WIA) office the hiring of WIA-eligible individuals for new jobs which are created as a result of this project;
- 3) Agrees to submit quarterly reports to the Department, outlining training related expenses, participant information, and other justifying documentation regarding training activity as required for reimbursement under the Employer Training Investment Program;

- 4) Agrees to submit to the Department, within 60 days following the end of the grant period, a written evaluation of the results of the training experience by the company. The evaluation report should be based on the measurable outcomes or benefits contained in this grant application.
- 5) Maintains that it is a company in good standing, authorized to do business in Illinois and has no delinquent State tax liabilities;
- 6) Authorizes the Department of Commerce and Economic Opportunity to verify in any manner deemed appropriate any and all items indicated in this application which include information obtained through the Illinois Department of Employment Security, Consumer Credit Bureau Services and business reporting services such as Dun and Bradstreet;
- 7) Agrees to immediately notify the Department regarding any major business or personnel changes at their facility (e.g., layoff situations, changes in training plans or schedules);
- 8) Acknowledges that if their application is funded, they will be required to comply with the Illinois Drug Free Workplace Act, the Americans with Disabilities Act and the Illinois Human Rights Act and any future laws enacted which may be applicable to the grant;
- 9) To the best of its knowledge as of the date of the application, is not in material violation of any local, State or federal labor laws at the site and that abnormal labor conditions such as a strike or lockout do not exist at this site;
- 10) Maintains that all information contained in the application, including the documentation, is accurate, complete and true to the best of their knowledge;
- 11) Agrees to submit to the Department by the end of the grant period the Social Security Number of all employees participating in the approved training program or, in lieu thereof, an applicant may provide a notarized certification signed and dated by a duly authorized representative, or that representative's authorized designee, certifying that all participating employees are employed at an Illinois facility and that the applicant has adequate written verification of the employees' employment at an Illinois facility. The Department may audit the accuracy of submissions. An applicant sponsoring multi-company training grant programs shall obtain information meeting the requirements of this subsection (b) (11) from each participating company and provide it to the Department upon request;
- 12) Agrees to notify all trainees that, if funded, the training is being partially funded by an Employer Training Investment Program grant administered by the Department of Commerce and Economic Opportunity;
- 13) Agrees that, upon request by the Department, it will conduct an audit of the grant funds in accordance with generally accepted auditing standards and any special audit conditions that the Department deems necessary to ensure the accountability of public funds; and
- 14) Agrees,
  - A) if the project is funded, to make every effort to reemploy individuals who were previously employed at the facility when,
    - i) the employer is reopening, or is proposing to reopen, a facility that was last closed during the preceding two years;
    - ii) at least one-third of the persons who were employed at the facility before its most recent closure remain unemployed; and
    - iii) 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; and

B) to notify the Department when all these conditions are met.

C) Training Outline that details, by job classification or training course, minimum skills desired for entry into training by job or training course and additional skills to be acquired in training by job or training course.

D) Program Outline Timetable - that details the training schedule of employee entry by job classification or training course per month into the program.

E) Training Outline Data/Trainees - that lists the job classification or training course and the number of trainees for each classification or training course. This form lists the number of new and upgraded trainees, the number of hours of training requested for each trainee or training course, and the average wage paid to the employees in that job classification or training course.

F) Training Outline Data/Trainers - that identifies all instructors or entities conducting training. The number of instructors, the total number of instructional hours and the instructor costs, including tuition and fees, are required.

G) Project Budget Summary - which details the total cost of training and the requested grant amounts of the Program and other available training programs in Illinois (e. g, Workforce Investment Act, Welfare-To-Work, Secretary of State Literacy Office Grant Program)]

H) Attachments as applicable:

1) Attach a brief narrative explaining each line item on the budget summary] The narrative shall state how each ' total costs' figure was obtained and should provide information regarding how all training hours and other training costs will be tracked and documented]

2) Financial statements consisting of profit and loss statements and balance sheets for the last two years and tax returns for the last two years at a minimum]. For newly- established companies, a three-year projected balance sheet and profit and loss statement and a one-year monthly cash flow statement are required] Companies submitting financial information more than six months old must submit a statement regarding why more current information is not available]

3) Transmittal letter providing information on" recent trends and significant events in the company/s workforce, sales, competition, production, markets, and facility locations how applicant will coordinate and use other training programs for funding, as appropriate describe training activities, including training content, training providers, timeline, training methods, assessment techniques and how the training is linked to any new capital investment and how these activities will be linked to work unit and/or company performance]

I) Disclosure of Financial Information - a form that may be signed and dated by the Chief Executive Officer certifying that the commercial and financial information contained in the grant application is proprietary, privileged, confidential or is of a nature that its disclosure may cause competitive harm to the applicant, thereby rendering the application exempt from disclosure under Section 7 of the Freedom of Information Act (5 ILCS 140].

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Authorized Signature

Printed Name & Title

Date