EMPLOYER TRAINING INVESTMENT PROGRAM (ETIP)
MULTI-COMPANY GRANT - COMPANY PROFILE
FISCAL YEAR 2027
(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 all that apply.)

☐ 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 $_____

Where did you hear about this program? _____

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

Union: _____

Contact Person: _____

Position: _____

Address: _____ City, State, Zip Code: _____

Union: _____

Contact Person: _____

Position: _____

Address: _____ City, State, Zip Code: _____

ABC Schedule Completion

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

Company Certification

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 also agrees to report the employment status of all trainees at 90 and 180 days following the completion (last day) of training, if requested by the issuing agency. The report shall be due no later than 190 days after the project end date. The company further 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 (including social security numbers), 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.

_____	_____	_____
Authorized Signature	Printed Name & Title	Date