



High Demand Career Initiatives Program

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HDCI Program Apprenticeship Eligibility

In order to participate in the HDCI Program, each apprentice must:

#1

Be at least 15 years of age or older



#2

Be enrolled in a qualified Registered Apprenticeship Program after July 1, 2022



Documentation Requested

Employer to submit the following forms for payments to be rendered:

- ✓ Vendor Management Form
- ✓ W9 (2023)

For each Apprentice eligible under the HDCI Program:

- ✓ ETA 671 form
- ✓ Copy of Identification (front and back scanned color copy)
- ✓ Wage Verification form

Vendor Management Form & W9 (2023)

Please note:

- Complete all highlighted areas of the form
- Section 1 – Supplier name and address must match exactly to W9 form.

SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAQ.

NEW EXISTING SUPPLIER ID NUMBER: Agency/ID#

SECTION 1: SUPPLIER IDENTIFICATION

FEVSSN/TIN

Supplier Name:

Doing Business As (dba): if applicable DO NOT enter a P.O. Box

<p>PHYSICAL ADDRESS DO NOT enter a P.O. Box</p> <p>Address 1: <input style="width: 95%; height: 15px;" type="text"/></p> <p>Address 2: <input style="width: 95%; height: 15px;" type="text"/></p> <p>City: <input style="width: 95%; height: 15px;" type="text"/></p> <p>State: <input style="width: 20%; height: 15px;" type="text"/> Postal Code: <input style="width: 30%; height: 15px;" type="text"/></p> <p>Contact Email: <input style="width: 100%; height: 15px;" type="text"/> Required</p> <p>Primary Phone #: <input style="width: 20%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> Landline <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> Cell <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> Ext. <input style="width: 15%; height: 15px;" type="text"/></p> <p>Secondary Phone #: <input style="width: 20%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> Landline <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> Cell <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> Ext. <input style="width: 15%; height: 15px;" type="text"/></p> <p>Driver's License #: <input style="width: 30%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> <input style="width: 15%; height: 15px;" type="text"/> DL State: <input style="width: 15%; height: 15px;" type="text"/></p>	<p>ADDITIONAL ADDRESS</p> <p>Address 1: <input style="width: 95%; height: 15px;" type="text"/></p> <p>Address 2: <input style="width: 95%; height: 15px;" type="text"/></p> <p>City: <input style="width: 95%; height: 15px;" type="text"/></p> <p>State: <input style="width: 20%; height: 15px;" type="text"/> Postal Code: <input style="width: 30%; height: 15px;" type="text"/></p>
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SECTION 2: BANK ACCOUNT INFORMATION

Required for loan and financing supplies to establish bank information to receive payments via ACH.

I do not wish to provide banking information and understand all payments made to me will be via check.

Replace Remittance Address at Loc # With Addr ID #

Replace Invoicing Address at Loc # With Addr ID #

Add New Bank Account Change Bank Account Enter Loc # Agency Liaisons are required to complete items on this line for bank changes

ROUTING # NEW ACCOUNT #

Last Four Digits of Previous Bank Account #

Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

Check here if this account can only be used for a SPECIFIC PURPOSE

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS:

PAYMENT REMIT EMAIL ADDRESS:

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). Further, I acknowledge that this agreement to remain in effect until such time as changes to the bank account information are submitted to the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia hereby acknowledges this account information.

Printed Name of Company Officer _____ Signature of Company Officer _____ Date _____

W-9 Request for Taxpayer Identification Number and Certification

Form 1099-INT
Department of the Treasury
Internal Revenue Service

Give Form to the requester. Do not send to the IRS.

1 Name given on your income tax return. Name is required on this line, do not leave this line blank.

2 If business name/individual entity name is different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following special boxes:

Individual/sole proprietor or single-member LLC
 Partnership
 Corporation
 Trust
 Estate
 Other (see instructions)

4 Exemption (books apply only to certain entities; see instructions on page 2)
 Exemption from FATCA reporting code (if any):

5 If Actions (partner, agent, etc.) or state (TX) See instructions. (Name of action partner/agent/ etc. and address (optional))

6 If City, state, and ZIP code

7 If tax account number(s) have (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate line. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a partner, agent, sole proprietor, or single-member LLC, see the instructions for Part I, line 7. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II Certification

Under penalty of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA (covered) entities on this form if any (including that I am exempt from FATCA reporting) are correct.

Certification instructions: You must check all items above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or disposition of secured property, possession of safe, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part I, line 7.

Signature of U.S. person _____ Date _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form999.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-INT (various types of income, prizes, awards, or gross proceeds)
- Form 1099-P (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-B (proceeds from real estate transactions)
- Form 1099-MISC (miscellaneous income and other payments, including interest and dividends)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you are not a U.S. person and you are a partner with a TIN, you may be subject to backup withholding. See What to Backup Withholding, later.

Form 1099-INT (Interest earned or paid)

OMB No. 1545-0045 Form **W-9** (Rev. 10-2019)

ETA 671 Form

- The date the apprenticeship began should be AFTER July 1, 2022.
- Ensure that signatures from the following are provided from:
 - Apprentice
 - Employer
 - Sponsor

Program Registration and
Apprenticeship Agreement

U.S. Department of Labor
Employment and Training Administration
Office of Apprenticeship



APPRENTICE AGREEMENT AND REGISTRATION - SECTION II OMB No. 1205-0223 Expiration Date: 06/30/2024

PART A: APPRENTICE'S INFORMATION

1. First Name	Last Name	Answer Both 4a. and 4b. below 4. a. Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Participant Did Not Self-Identify b. Race (Select One or More) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Participant Did Not Self-Identify	5. Veteran Status (Select All That Apply) <input type="checkbox"/> Non Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran, Other Eligible Individual <input type="checkbox"/> Veteran, Eligible <input type="checkbox"/> Participant Did Not Self-Identify
Middle Name (Optional)	Suffix (Optional)		
Address (No., Street, City, State, Zip Code)			
Telephone Number (Optional)	E-mail Address (Optional)		
*Social Security Number			6. Education Level (Select One) <input type="checkbox"/> Not High School graduate <input type="checkbox"/> High School graduate (including equivalency) <input type="checkbox"/> Some College or Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or professional degree
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Participant Did Not Self-Identify		
7. Employment Status of Apprentice (Select One) <input type="checkbox"/> New Employee <input type="checkbox"/> Current Employee			
8. Did the apprentice complete a pre-apprenticeship program prior to their registration in this apprenticeship program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, please provide the Pre-Apprenticeship Program Name and Address:

PART B: PROGRAM SPONSOR'S INFORMATION

1. Program Number	2. Occupation (The work processes listed in the standards are part of this agreement.) a. RAPIDS Code: b. O*NET Code: c. Interim Credentials Offered (i.e., Career Lattice Occupation)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sponsor's Name and Address (No., Street, City, State, Zip Code, County)		
Telephone Number		Cell Phone Number (Optional)
E-mail Address		

FAQ'S

Q: What careers are on the HDCI list?

A: Please refer to the TCSG HDCI link: www.TCSG.edu/HDCI

Q: May an employer apply for additional rounds of funding if they were awarded in prior years?

A: Yes, the employer may apply in subsequent fiscal years if the additional award is for new apprentices. Previously awarded apprentices are not eligible for additional awards.

Q: What happens if an apprentice drops from the program? Are we able to replace them?

A: If an apprentice drops from the program, the company must notify the Apprenticeship team as soon as possible and will have 30 days to provide a replacement apprentice.

How to submit documentation

All forms should be submitted securely to the Dropbox folder

<https://www.dropbox.com/request/M8HJAhtIY63rzc5gbVzh>

Registered Apprenticeship Resources

[FY24 HDCI Program Manual \(Update\).pdf \(dropbox.com\)](#)

www.TCSG.edu/HDCI

www.TCSG.edu/Apprentice

www.apprenticeship.gov

