

High Demand Career Initiatives Program

Danny Mitchell Program Manager **Rosalyn Dennis** Grant Manager

Tierra Harris Apprenticeship Specialist



HDCI Program Apprentice 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





10/13/2023

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)

<u>Please note:</u>

- 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 Liasons MUST complete the Agency Liaison Use Chy sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Chy sections priori Submitting this form USA. |
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| NEW EXISTING SUPPLIER ID NUMBER: Approximation 0 0 0 0 |
| SECTION 1: SUPPLIER IDENTIFICATION |
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| Supplier Name: |
| Doing Business As (dba): # oppleable |
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| Address 2: Address 2: |
| City: |
| State: Postal Code: State: Postal Code: |
| Contact Email: Negures |
| Primary Phone #:Ext:Secondary Phone #:Ext:Ext:Landline Cell uset to steetly vertication |
| Driver's License #: For Individuals only DL State: |
| SECTION 2: BANK ACCOUNT INFORMATION |
| Required for liver and Reaching supplies to addichange bank information to nearly prymetis its ACH. |
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| Replace Invoicing Address at Loc # With Addr ID # |
| Add New Bank Account Change Bank Account Enter Loc # Agency Lideons are required to complete thems on this time for land changes |
| ROUTING # NEW ACCOUNT # |
| Last Four Digits of Previous Bank Account # for charges only |
| 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 |
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| Printed Name of Company Officer Signature of Company Officer Date |

| and the | W-9 Request for Taxpayer Identification Number and Certification ► Go to www.#s.gov/com/WP for instructions and the latest information. | | | | | | | | Give Form to the requester. Do not send to the IRS. | | | | | | |
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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

| Apprenucesmp Agreement | • | Office of Apprenticeship | | | | | |
|---|---|---|---|--|--|--|--|
| APPRENT | ICE AGREEMENT AND REGISTRA | TION - SECTION II OMB No. 1205-0223 | 8 Expiration Date: 06/30/2024 | | | | |
| PART A: APPRENTICE'S INFO | RMATION | | | | | | |
| 1. First Name Middle Name (Optional) | Last Name Suffix (Optional) | Answer Both 4a. and 4b. below 4. a. Ethnicity (Select One) | 5. Veteran Status (Select All That Apply) | | | | |
| Address (No., Street, City, State, Zi | | Hispanic or Latino Not Hispanic or Latino Participant Did Not Self-Identify | Veteran Non Veteran, Other Eligible Individual | | | | |
| Telephone Number (Optional) | E-mail Address (Optional) | b. Race (Select One or More) □ American Indian or Alaska Native | Uveteran, Eligible | | | | |
| *Social Security Number | | ☐ Asian ☐ Black or African American | 6. Education Level (Select One) | | | | |
| | | Native Hawaiian or other Pacific Islander White | Not High School graduate | | | | |
| 2. Date of Birth (Mo., Day, Yr.) | 3. Sex (Select One) Male Female Participant Did Not Self- Identify | Participant Did Not Self-Identify | Some College or Associate's degree Bachelor's degree Master's degree Doctorate or professional degree | | | | |

U.S. Department of Labor

Employment and Training Administration

7. Employment Status of Apprentice (Select One)

Program Registration and

Apprenticeship Agreement

New Employee Current Employee

8. Did the apprentice complete a pre-apprenticeship program prior to their registration in this apprenticeship program?

Yes 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 | | | | | |
|---|------------------------------|--|--|--|--|--|--|
| Sponsor's Name and Address (No., Street, City, State, Zip Code, County) | | | eement) | | | | |
| | | a. | RAPIDS Code: | | | | |
| Telephone Number | Cell Phone Number (Optional) | Ъ. | O*NET Code: | | | | |
| Telephone Number | Cell Fhone Number (Optional) | c. | Interim Credentials Offered (i.e., Career Lattice Occupation)? | | | | |
| | | | Yes No | | | | |
| E-mail Address | | L | | | | | |



Q: What careers are on the HDCI list?

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

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

