



High Demand Apprenticeship Program (HDAP) Contract Completion Award Application

All employers seeking to apply for the Technical College System of Georgia’s High Demand Apprenticeship Program Contract Completion Award must complete the following application with all requested information and documentation. Please ensure that the information provided is correct and documentation is valid prior to submitting. Apprenticeship sponsors may assist with the completion of this application on behalf of the employer.

- Section 1: Employer Information
- Section 2: Apprenticeship & Apprentice Information
- Section 3: Anticipated Impact of Apprenticeship
- Section 4: Application Checklist and Supporting Documentation
- Section 5: Authorization & Certification

Section 1: Employer Information

Enter employer information as it would appear on contract:

Employer Name:	
Worksite Address:	
Mailing Address: <input type="checkbox"/> Same as Worksite Address	
City & State:	County:
Employer Phone:	Website:

Provide the following information about the employer:

FEIN #:	Industry Sector:
GA UI #:	NAICS Code:
Legal Structure of Employer: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> For Profit	<input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Private Not-for-Profit <input type="checkbox"/> Non-Profit
Business Designation: <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disability Owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> Female Owned <input type="checkbox"/> Certified Small Business	Years in operation in Georgia:
Description of Employer Products or Services:	

Is this employer a subsidiary of another employer or affiliated with a parent employer?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Employer Name:	
Parent Employer Address:	
City & State:	Parent Employer Phone:

Provide Employer Representative Contact Information:

First Name:	Last Name:
Title:	Department:
Phone:	Email:

Provide Alternate Employer Representative Contact Information:

First Name:	Last Name:
Title:	Department:
Phone:	Email:

Please provide the following employer information:

Employer is current on all Georgia state taxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer is current on all federal taxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer is current on all county, city, and other local taxes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer has filed for bankruptcy in the past 12 months.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer has outstanding judgment liens filed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer has outstanding wage and hour, health and safety or discrimination complaints or adverse decisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer has had a reduction in the number of hours or number of shifts in the past 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer experienced layoffs in the previous 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 2: Apprenticeship & Apprentice Information

Please provide the following apprenticeship sponsor information:

Employer serves as apprenticeship sponsor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sponsor Organization Name:		
Sponsor Address:		
Apprenticeship Sponsor Representative Contact Information:		
First Name:	Last Name:	
Title:	Department:	
Phone:	Email:	

Please provide details of the apprenticeship program:

Is this apprenticeship a Registered Apprenticeship Program registered by USDOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	RAPIDS Program Number:
Apprenticeship program anticipated start date:	
Occupation Focus of Apprenticeship:	Related Occupational Code (SOC):
Total Length of Apprenticeship (including both on-the-job learning (OJL) & related training instruction (RTI) components):	Type of Apprenticeship <input type="checkbox"/> Time-Based <input type="checkbox"/> Competency-Based <input type="checkbox"/> Hybrid
Number of RTI Hours:	Number of OJL Hours:
Total Number of Active Apprentices at Employer:	Total Apprenticeship Cost per Apprentice:
Apprentice Wage at Start of Program:	Apprentice Wage at End of Program:
RTI Provider Name:	RTI Provider Type: <input type="checkbox"/> Public Institution <input type="checkbox"/> Private Training Institution <input type="checkbox"/> Private Trainer/Instructor <input type="checkbox"/> In-House <input type="checkbox"/> Other: _____
What partners, if any, are involved in supporting the Registered Apprenticeship Programs at your company?	Partner(s) <input type="checkbox"/> Workforce System (LWDA) <input type="checkbox"/> Technical College <input type="checkbox"/> Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____
Name of Training Provider Contact:	Email Address:
Phone Number:	Training Provider Website:

The HDAP can support up to five apprentices per employer. If selected, please indicate the number of apprentices that the employer would like to support under the HDAP.

- 1 apprentice
 2 apprentices
 3 apprentices
 4 apprentices
 5 apprentices
 6 apprentices
 7 apprentices
 8 apprentices
 9 apprentices
 10 apprentices

Section 3: Anticipated Impact of Apprenticeship

Please provide a brief response to the following prompts below. Each response must be no more than 300 words.

Please share recent workforce needs or challenges that have been experienced by the company, if any.
Please describe your company's history with Registered Apprenticeship Programs. (ex: is this your first experience with RAP's, when was it created, etc.,)
What is the anticipated impact of the Registered Apprenticeship Program on the company, industry, and surrounding community?
Please share any other characteristics of the program (ex: female cohort, re-entry, workforce partnerships)

Section 4: Application Checklist & Supporting Documentation

<input type="checkbox"/>	Completed HDAP Grant Application
	Proof of legal corporation status (ex: Business License; or Copy of Secretary of State Registration; or Certificate of Authority from Secretary of State; or Certificate of Incorporation from Secretary of State.)

<input type="checkbox"/>	Workers' Compensation (ex: Copy of Workers' Compensation Certificate of Insurance or employer's Wprkers' Compensation Coverage Verification)
<input type="checkbox"/>	Proof of employer being current on all taxes (Tax clearance letter instructions) Ex: Georgia Tax Clearance Letter; or Copy of Georgia Tax Account Statement; or Georgia Form 600 – Corporate Tax Return; or Georgia Tax Clearance Letter; or Certified Letter from Tax Accountant; or DOL 626 Form

Please submit this application electronically via <https://www.tcsg.edu/hdap/> during the application period. Applications submitted after or before the application period will not be accepted.

Section 5: Authorization & Certification

As the authorized representative of the employer submitting this application, I hereby certify the following:

- The employer meets the requirements for program and is eligible to submit this application;
- All apprentices listed above are permanent (W-2) employees of the employer as of the start of the apprenticeship program;
- The information contained in this application is true and accurate and reflects the intentions of the program;
- I am aware that any false information, intentional omissions or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions or misrepresentations my subject this employer to civil or criminal penalties;
- The employer agrees to adhere to all required elements of a Registered Apprenticeship Program and maintain active status for the duration of this grant, if approved for funding; and
- The employer agrees to provide all requested data elements as required for reporting.

Name and Title of Authorized Representative

Signature

Date

As the authorized representative of the apprenticeship sponsor supporting the Registered Apprenticeship Program related to this application, I hereby certify the following:

- The program and apprentices listed above are registered as and under a USDOL Registered Apprenticeship Program.
- The information contained in this application is true and accurate and reflects the intentions of the program;
- I am aware that any false information, intentional omissions or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions or misrepresentations my subject this employer to civil or criminal penalties;
- The sponsor agrees to ensure employer adheres to all required elements of a Registered Apprenticeship Program and maintain active status for the duration of this grant, if approved for funding; and
- The sponsor agrees to provide all requested data elements as required for reporting.

Name and Title of Authorized Representative

Signature

Date