



## Employee Productivity Program

The Employee Productivity Program (EPP) helps companies in Onondaga County move forward by funding training that improves employee skills, provides certifications to enable the business to open new markets, or training on new equipment acquisitions. It will not fund the training of senior management, in most cases.

The EPP service contract applies to training conducted by third-party training providers, including required training materials for each trainee. The EPP does not fund a trainee's release time or travel, lodging or meal costs for a trainee or a trainer.

The Office of Economic Development will enter into a contract based on the availability of funds and at the sole discretion of the Board of Directors of the funding entity. The Office reserves the right to access training materials, evaluations or financial records relevant to the funded training. The EPP Program may award up to 50% of total training cost, but not more than \$12,500.

Companies may only receive EPP funding once in any twelve-month period.

### Application Procedure:

1. Return a completed application and a \$250 application fee to:  
Onondaga County Office of Economic Development  
Attn: Robert Petrovich  
333 West Washington Street, Suite 130  
Syracuse, NY 13202

**\* Please make checks payable to *Employee Productivity Program***

**\* The FEE is returned after the applicant satisfactorily performs under the terms of the service contract.**

2. Staff will meet with the applicant to discuss the proposed training program.
3. The funding Board will generally consider the application at its next public meeting, typically the second week of the month. *The applicant must be represented at the meeting.*
4. The Company will enter into a contract for services that will establish the terms under which the program funds will be paid to the Company. Training must be completed within one year of the date that the contract is signed by both parties.
5. The program cannot contract or reimburse for training which occurs before approval.
6. Applicants must be companies in Onondaga County that are either net-wealth generators<sup>1</sup> or produce a value-added product or service<sup>2</sup>.
7. The Applicant must provide the following items in order to satisfy the contract for services and receive payment:
  - a. a copy of the agreement(s) between the Company and the 3rd party training provider,
  - b. the training provider(s) invoices marked paid or other proof of payment,
  - c. training sign-in sheets or evidence the employee(s) attended the training sessions, and
  - d. the name, last four digits of the social security number and position (titles) of each employee who completed the training.

**Please call the Office of Economic Development at 315-435-3770 if you need assistance with this application.**

1. **Net-wealth generating businesses** are companies that sell 51% or more of its products or services to, or derive 51% or more of its sales from customers located outside Onondaga County.

2. A **value-added** product is one necessary to or supporting a manufacturing or other net-wealth generating operation.

# Employee Productivity Program Application

## Applicant Information:

1. Company Name:
2. Industry/Sector:
3. Address:
4. Contact Person/Title:
5. Contact Person's Phone:
6. Contact Person's Email Address:

## Training Cost Information :

1. Total Training Cost:
2. Amount of Funding requested from EPP:  
(a request can range from \$1,500 to \$12,500)
3. Are you asking any other organization to help pay for the cost of this training?  Yes  No
- a. From what program have you requested funding?
- b. How much money are you requesting from the other organization?
- c. By when do you expect to receive the funding from the other organization?
- d. How much is the Applicant contributing to the total cost of funding?
- e. Is any portion of the Applicant's contribution being reimbursed by a third party?  Yes  No

**Schedule A: Company Overview**

What product or service is made, assembled, distributed or delivered in this facility?

How many full-time employees work at this facility?

How many part-time employees work at this facility?

Will the company add, retain or eliminate employees as a result of the training?

If so, how many employees will be added, retained or eliminated as a result of this training?

What is the average hourly wage of the employees who will attend this training?

Does the company sell 51% or more of its project to customers located outside of Onondaga County?

How will this training benefit the company?

How will the company determine if the training is effective? What measures will the company use to measure skill improvement?

**Schedule B: Training Provider(s):** Please attach the same information about any additional trainers to this application

**First Training Provider**

Name of the Training Company:

Street Address of the Training Company:

City, State, Zip Code of the Training Company:

Name of the Training Company Contact:

Email Address of the Training Company Contact:

**Second Training Provider**

Name of the Training Company:

Street Address of the Training Company:

City, State, Zip Code of the Training Company:

Name of the Training Company Contact:

Email Address of the Training Company Contact:

**Schedule C: Description of Training**

*\* If more space is needed for Program Descriptions, please attach to the application.*

Training Activity/Course	Training Start & End Dates	Training Provider	Number of Trainees	Position(s) of Employee(s) to be Trained	Total Training Hours/Day (per employee)	Total Training Hours (per employee)	Total Course Cost
Total:							

**Conflict of Interest Statement:**

To the best of your knowledge, does any OCDC Board member or Staff person have a direct financial interest in the applicant company?  
(Names of the current Board members and Staff persons can be found at [www.syracusecentral.com](http://www.syracusecentral.com))

If so, which Board member or Staff person has an interest in the Applicant company?

**Acknowledgement:**

You hereby acknowledge that if a service contract governing the terms and conditions of any award granted as a result of your submitting this Application is not executed and delivered within ninety (90) days following approval by the Corporation, then any such approval is null and void and you will have to submit a new application for OCDC to consider. Initial

**Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Office of Economic Development (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the Project which are in the nature of trade secrets which, if disclosed to the public or otherwise widely disseminated, would cause substantial injury to the Applicant's competitive position, this Applicant may identify such elements in writing, request that such elements be kept confidential, and provide an explanation as to the possible injury to the Applicant. In accordance with Article 6 of the Public Officers Law, OED may also redact personal, private, and/or proprietary information from publicly disseminated documents.**

Please check here if you have marked information as confidential/proprietary

I have read the paragraph above and understand that the applicant must identify in writing to OCDC any information it deems proprietary and requests not be made publicly available.

**Company Affirmation:**

I affirm I have read this application and the information contained herein is true and accurate.

Signature:

Company Representative

Title:

Print Name:

Print Title: