

Visit the Mayor's Office of Workforce Development's (MOWD) TIFWorks website at

www.cityofchicago.org/TIFWorks

Learn which TIF districts are participating in the TIFWorks program

Download an application

Obtain application review dates

A current list of TIF districts participating in the TIFWorks program is available at

www.cityofchicago.org/TIFWorks/Eligible.html

Please make certain your submission is for one or more of the participating TIF districts listed.

The following TIFWorks application will take the place of both the Single Employer and Multiple Employer Applications as of April 1, 2004. Previous versions of the applications will only be accepted until Monday, May 10, 2004. After this date, submissions to the TIFWorks program must be the latest version of the application.

Beginning April 1, 2004, applications will be due on the 2nd Monday of each month by 2:30pm.

Faxed, emailed, handwritten or bound applications will not be accepted. Exceptions will not be made.

All information in your application will remain confidential. Send an original and three copies of the application to:

Mayor's Office of Workforce Development

1615 W. Chicago Avenue, 5th floor

Chicago, IL 60622

Attn: Will Edwards, Director, Workforce Solutions

Special consideration will be given to applications that include training and/or employment opportunities for people with disabilities and/or ex-offenders.

TIFWORKS ELIGIBILITY

TIFWorks is an employer-driven program. Eligibility criteria for applying for TIFWorks funding is as follows:

- 1) The company or companies to receive workforce training services must be located in or relocating to a TIF district that is participating in the TIFWorks program. Participating TIF districts are posted on MOWD's website, <http://www.cityofchicago.org/TIFWorks/Eligible.html>. Participating TIF districts may change throughout the year,
- 2) The jobs or positions for which the workforce training is proposed are physically located in a participating TIF district or will definitely be created within a participating TIF district as soon as the workforce training is completed,
- 3) The jobs or positions for which the workforce training is proposed are permanent (full-time or part-time).

Additionally, applying for TIFWorks funding is a competitive process. All applications are subject to program and budget review. Funding awards are contingent on funding availability.

TIFWORKS TERMINOLOGY: APPLICANT vs. COMPANY

A single employer applying for TIFWorks funding will be considered to be both the Applicant and the Company. An Applicant Profile (Section A) and Company Profile (Section B) must be completed.

A training provider applying for TIFWorks funding *on behalf of* one or more employers will be considered to be the Applicant. An Applicant Profile (Section A) must be completed. The Applicant will serve as the administrator and fiscal agent for the project. Each employer to receive workforce training services must complete a Company Profile (Section B).

Multiple employers with common training needs may apply for TIFWorks funding. One employer must be selected to be the lead Applicant. An Applicant Profile (Section A) must be completed. Each employer to receive workforce training services must complete a Company Profile (Section B) including the employer selected to be the Applicant.

An organizer* can only apply for TIFWorks funding on behalf of more than one employer. In this scenario the organizer must serve as the lead Applicant. An Applicant Profile (Section A) must be completed. The Applicant will serve as the administrator and fiscal agent for the project. Each employer to receive workforce training services must complete the Company Profile (Section B).

* Business and trade associations, labor organizations, economic development corporations, industrial councils, chambers of commerce, public and private education and/or training institutions, proprietary schools and similar organizations can apply as an organizer on behalf of more than one employer.

APPLICATION COMPONENTS

- Section A – Applicant Profile
- Section B – Company Profile
- Section C – Training Course Description & Budget
- Section D – Budget Summary
- Section E – Attachments
- Section F – Applicant & Company Certification
- Section G – Training Course Description Instructions
- Section H – Budget Instructions

TIF *Works* Application

(revised April 2004)



Richard M. Daley
Mayor



Section A TIFWORKS APPLICANT PROFILE			
The Applicant must submit a copy of its: 1) Business License, and 2) Articles of Incorporation. Include these documents as Attachment #1 in Section E.			
1) TIF district(s) for which you are applying for funding:			
2) Applicant Name (full legal name of company or organization):			
3) Applicant Address:			
3a) City:	3b) State:	3c) Zip Code:	3d) Ward:
4) Contact Person (name and title):			
4a) Phone:	4b) Fax:	4c) Email:	
5) Provide a brief history/description of the Applicant (types of services/products offered, number of years in business, etc.):			

Section B TIFWORKS COMPANY PROFILE			
The Company must submit a copy of its: 1) Business License, and 2) Articles of Incorporation. Include these documents as Attachment #1 in Section E.			
1) TIF district in which the Company is located:			
2) Company Name (full legal name of company):			
3) Federal Employer Identification Number (FEIN):			
4) Company Address:			
4a) City:	4b) State:	4c) Zip Code:	4d) Ward:
5) Contact Person (name and title):			
5a) Phone:	5b) Fax:	5c) Email:	
6) Type of Business/Industry:			
7) Provide a brief history/description of the Company (types of services/products offered, number of years in business, etc.):			
8a) Total # of Employees:	8b) Full-time: Wage Range: \$ Benefits Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	8c) Part-time: Wage Range: \$ Benefits Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9) Provide a description of benefits plan, if offered:			
10) Employees' Union(s) represented, if applicable:			
11) Percentage of employees at this location who are residents of the City of Chicago: %			
12) How does the company engage the local community in its recruitment and hiring efforts?			
13) Check which one applies to Company: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (please explain):			
14) Is the company a Minority and/or Women-Owned Business Enterprise (MBE and/or WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Certification is not required to be eligible for the program) If yes, is the company a certified MBE and/or WBE by the City of Chicago? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include copy of certification as Attachment #2 in Section E, if applicable.			
15) Annual Sales: 2003 \$ 2004 \$ 2005 \$			
16) Primary 2004 Market: <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International			

17) Provide a description of why the company is seeking to participate in this project. Demonstrate trends/events in workforce (sales, production, competition, markets) affecting the company that requires training.

18) Is the proposed training program specifically the subject of a collective bargaining agreement?
☐ Yes ☐ No
 If yes, State law requires that the signatory labor organization give written agreement to the proposed training program. Include as Attachment #3 in Section E, if applicable.

19) Has the company conducted or taken part in training within the last three years?
☐ Yes ☐ No
 If yes, use the following grid to explain:

	Name/Type of Training	Training Dates	# of People Trained	Government Funded?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional training has been provided, please include this information as Attachment #4 in Section E.

20) Indicate which course(s) listed in #19 served as a prerequisite to the proposed training course(s), if any. Use the following grid to explain:

	Name/Type of Training (prerequisite)	Proposed Training
1		
2		
3		
4		
5		

21) Demonstrate how the training(s) listed in question #19 impacted company performance.

22) Has the company applied or will the company apply for other governmental funding for the proposed training program?
☐ Yes ☐ No
 If yes, use the following grid to explain:

	Name/Type of Training	Government Agency	Funding Source	\$ Amount Requested
1				
2				
3				
4				
5				

23) For the proposed training program indicate the following:
 Total number of individuals to be trained:
 Number of existing employees to be trained:
 Number of new employees to be trained:
 Number of individuals to be placed in new positions upon completion of training:

24) Identify the administrator for the proposed training program.
 Include a resume and/or description of services that demonstrates the professional experience, expertise and past performance. Include these documents as Attachment #5 in Section E.

25) Does the proposed program include training and/or employment opportunities for people with disabilities and/or ex-offenders?
☐ Yes ☐ No
 Explain:

Section C – Part I		TIFWORKS TRAINING COURSE DESCRIPTION
Complete a Training Course Description Form for each proposed training course. Attach the curriculum outline to this page. Refer to Training Course Description instructions in Section G of this application.		
1	Name of Training Course	
2	Total Number of Classes Proposed	
3	Number of Participants in Each Class	
4	Training Provider *	
5	Training Location	
6	Describe the assessment that was conducted to determine <i>Company</i> training needs	
7	Describe the assessment that was conducted to determine <i>employee</i> training needs	
8	Prerequisites and/or Qualifications	
9	Training Objectives	
10	Evaluation Methods for Proposed Training Course	
11	Target Group(s)	
12	Total Course Hours	
13	Proposed Training Schedule	
14	Training Materials	
15	Specialized Materials	
16	Method of Training Delivery	
17	Benefits to Employee	
18	Projected Impact on Company Performance	
19	Method of Evaluation Training Impact on Company	

* Include the following:

- a) Resume(s) and/or description of services that demonstrates the professional experience, expertise and past performance of the proposed trainer(s) or training organization(s). Include these documents as attachment #6 in Section E, and
- b) Three references from each proposed trainer or training organization. Include references as attachment #7 in Section E.

Section C – Part II

TIFWORKS TRAINING DESCRIPTION & BUDGET

Complete a Training Course Budget for each proposed training course.

TRAINING COURSE BUDGET

(1)	(2)	(3)	(4)	(5)
Item of Expenditure	Account #	TIF Share (\$)	Employer Share (\$)	Total Cost (\$)
Personnel	0005			
Fringe Benefits	0044			
Operating/Technical (Administrative)	0100			
Material and Supplies (Administrative)	0300			
Tuition/Training Costs	0700			
Professional Services	0140			
Operating/Technical (Training)	0100			
Material and Supplies (Training)	0300			
Other (please specify)	0900			
TOTAL COURSE COSTS				

Note: The entire budget for this course must be shown.

For MOWD Use Only

Total Course Cost	
Total Number of Employees	
Cost per Employee	
Total Course Hours	

Section D – Part I TIFWORKS BUDGET SUMMARY

Complete a Budget Summary that reflects the entire budget for the proposed training program. The TIF share of administrative costs (Personnel, Fringe Benefits, Operating/Technical and Material and Supplies) must not exceed 15% of total program costs.

TRAINING PROGRAM BUDGET

(1) Item of Expenditure	(2) Account #	(3) TIF Share (\$)	(4) Employer Share (\$)	(5) Total Cost (\$)
Personnel	0005			
Fringe Benefits	0044			
Operating/Technical (Administrative)	0100			
Material and Supplies (Administrative)	0300			
Tuition/Training Costs	0700			
Professional Services	0140			
Operating/Technical (Training)	0100			
Material and Supplies (Training)	0300			
Other (please specify)	0900			
TOTAL PROGRAM COSTS				

Note: The entire budget for this program must be shown.

For MOWD Use Only

Total Program Cost	
Total Number of Employees	
Cost per Employee	
Total Program Hours	

PERSONNEL BUDGET ALLOCATION (ADMINISTRATIVE)

(1) Position/Title	(2) No.	(3) Rate per Hour (\$)	(4) # of Hours Spent	(5) TIF Share (\$)	(6) Total Cost (\$)	(7) Brief Summary of Job Responsibilities
(8) Totals						Totals must match Section D – Part I Budget Summary, Account #0005

FRINGE BENEFIT AND TOTAL PERSONNEL (ADMINISTRATIVE)

Type of Fringe Benefit	(5) TIF Share (\$)	(6) Total Cost (\$)	Please Show Calculation Below:
(9) A. Social Security			= .0620 x Line 8
b. Medicare			= .0145 x Line 8
(10) State Unemployment Insurance			
(11) State Workers Compensation			
(12) Other (Please List)			
(13) Other (Please List)			
(14) Total Fringe Benefits (Add Lines 9 - 13)			Totals must match Section D – Part I Budget Summary, Account #0044
(15) Total Personnel Costs (Line 8 plus Line 14)			

OPERATING/TECHNICAL & MATERIALS AND SUPPLIES (ADMINISTRATIVE)

(1) Item of Expenditure	(2) Account #	(3) TIF Share of Cost (\$)	(4) Total Cost (\$)	(5) Line Item Description & Justification (Please show justification for Total Cost and TIF Share)
(6) Total				

ADMINISTRATIVE COST SUMMARY

(1) Item of Expenditure	(2) Account #	(3) TIF Share (\$)	(4) Employer Share (\$)	(5) Total Cost (\$)
Personnel	0005			
Fringe Benefits	0044			
Operating/Technical (Administrative)	0100			
Material and Supplies (Administrative)	0300			
TOTAL ADMINISTRATIVE COST				

Note: The TIF share of administrative costs cannot exceed 15% of the total program budget.

NON-PERSONNEL BUDGET ALLOCATION

(1) Item of Expenditure	(2) Account #	(3) TIF Share of Cost (\$)	(4) Total Cost (\$)	(5) Line Item Description & Justification (Please show justification for Total Cost and TIF Share)
(6) Total				

Section E	ATTACHMENTS
<p>Include all attachments in this section. Each attachment should be clearly labeled. Check off items that are included in your application.</p>	

Attachment #	Description	X
1	Copy of current Business License(s) and Articles of Incorporation.	
2	WBE and/or MBE Certification (copy), if applicable.	
3	Written agreement of signatory labor organization in regards to a collective bargaining agreement, if applicable.	
4	Description of additional training, if applicable.	
5	Resume and/or description of services that demonstrates the professional experience, expertise and past performance of the proposed program administrator.	
6	Resume and/or description of services that demonstrates the professional experience, expertise and past performance of the proposed trainer(s) or training organization(s).	
7	Three references from each proposed trainer or training organization, if applicable.	

Section F	Applicant & Company Certification
The Applicant and each Company receiving workforce training services must submit a signed certification document as part of its application. All signatures must be in blue ink.	

Insert Full Legal Name of Applicant

Insert Full Legal Name of Company

The applicant and company understand that receipt of an application for training assistance by the Mayor’s Office of Workforce Development (MOWD) is not a commitment by the department for funding.

The applicant and company agree to submit to MOWD, on a monthly basis, information regarding training activity as required for the training reimbursement under TIFWorks. Failure to do so will halt or delay reimbursement.

The applicant and company agree to submit all final reports required by MOWD within 60 days following the end of the grant period. MOWD will retain any final payment owed to the applicant until all reports are submitted to and approved by MOWD.

The applicant and company agree that, upon request by MOWD, an audit will be conducted of the grant funds in accordance with generally accepted auditing standards and any special audit conditions which MOWD deems necessary to ensure the accountability of public funds.

The applicant and company certify that it is in good standing, authorized to do business in the City of Chicago and has no delinquent City tax liabilities, violations, findings, citations or judgments. The applicant and company must attach a copy of its City of Chicago Business License and Articles of Incorporation.

The applicant and company authorize MOWD to verify in any manner deemed appropriate any and all items indicated in this application.

The applicant and company agree to promptly notify MOWD regarding any major business or personnel changes at their facility (e.g., layoff situations, changes in training plans or schedules).

The applicant and company acknowledge that if their application is funded, they will be required to be in compliance with the Illinois Drug Free Workplace Act, the Americans with Disabilities Act (see www.usdoj.gov/crt/ada), the Illinois Human Rights Act (see <http://www.state.il.us/dhr>) and any future laws enacted which may be applicable to TIFWorks.

The applicant and company certify that to the best of its knowledge, as of the date of this application it is not in material violation of any local, state or federal labor laws at the site and that abnormal labor conditions such as a strike or lockout do not exist at this site.

The applicant and company certify that all information contained in this application, including the documentation, is accurate, complete and true to the best of their knowledge.

The applicant and company agree to notify all trainees that the training is being funded by the City of Chicago, TIFWorks Program, administered by the Mayor’s Office of Workforce Development.

The applicant and company, as a condition of its grant, agree to comply with any reasonable requests made by the Mayor’s Office of Workforce Development related to TIFWorks marketing and promotional activities.

MOWD reserves the right to conduct audits of the applicant’s and company’s activities at any time during normal working hours of funds expended under TIFWorks. The grantee shall maintain evidence that TIFWorks funds were expended in direct support of the approved training program for a period of three years.

The applicant and company certify that it is in sound financial condition.

The applicant and company understand that in case of conflict between requirements of this application and the TIFWorks program set forth in the July 31st ordinance, the provisions in the ordinance will prevail.

Authorized Signatory for Applicant: _____ Date: _____

Authorized Signatory for Company: _____ Date: _____

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☐ Accepted

☐ Accepted with changes to scope and/or budget (see attached)

☐ Rejected

Signed: _____
 David Hanson, Commissioner

Date: _____

Deleted: Authorized MOWD signatory

	Topic	Instructions
1	Name of Training Course	Insert name of training course. Specify level, if applicable.
2	Total Number of Classes Proposed	Indicate the number of classes being proposed for the training course listed above. <i>For example, the name of the training course proposed is Workplace English as a Second Language (WESL) Level 1. Each course includes twenty-five participants. If the training program proposes 50 participants need to be trained in WESL Level 1 your application should indicate the total number of classes proposed is "2".</i>
3	Number of Participants in Each Class	Indicate the number of participants for the course listed above.
4	Training Provider *	Indicate the Training Provider for the course listed above. Include all subcontractors and/or consultants.
5	Training Location	Indicate where the above listed training will take place. Include name(s) and address(es).
6	Describe the assessment that was conducted to determine <i>Company</i> training needs	Describe the assessment that took place to determine the training needs of the Company. Indicate who provided the assessment.
7	Describe the assessment that was conducted to determine <i>employee</i> training needs	Describe the assessment that took place to determine the training needs of the employees. Indicate who provided the assessment.
8	Prerequisites and/or Qualifications	Specify any completed coursework or qualifications needed in order to participate in the training course listed above.
9	Training Objectives	Describe course objectives for the training course listed above.
10	Evaluation Methods for Proposed Training Course	Describe the evaluation efforts that will be used to measure the success of the training course listed above. This may include pre and post assessments, attendance records, and satisfaction surveys.
11	Target Group(s)	Indicate Target groups for the training course listed above. <i>For example, supervisors, sales team, electricians, etc.</i>
12	Total Course Hours	Indicate the total number of hours for the training course listed above.
13	Proposed Training Schedule	Describe the training schedule of the course listed above. <i>For example, 2 hours per day, 3 times per week for 3 months.</i>
14	Training Materials	Indicate the materials needed for the training course listed above such as, manuals, videos, textbooks, etc.
15	Specialized Materials	Indicate the specialized materials needed for the training course listed above such as, machinery, equipment, tools, facility, etc.
16	Method of Training Delivery	Describe the method of delivery for the training course listed above. <i>For example, classroom, on-the-job training, workshops, etc.</i>
17	Benefits to Employee	Specify the benefits an employee will gain by successfully completing the training course listed above. Include items such as wage increase, promotion, increase in responsibility, job retention, etc. Describe how these benefits will be obtained.
18	Projected Impact on Company Performance	Indicate how the training course listed above will impact the company performance. Specify items such as reduction in scrap rates customer returns, rework, accidents; improvement in productivity, safety and on time deliveries. The projected impact must be quantified. <i>For example, the proposed forklift certification training will reduce the number of forklift related accidents/injuries by 10%. Last year, XYZ Company documented 37 forklift related injuries. A reduction of 10% should save XYZ Company close to \$8,000 (\$2,000 per accident claim) as a result of this training.</i>
19	Evaluation Methods for Training Impact on Company	Describe the evaluation efforts that will be used to measure the impact of the proposed training on company performance. <i>For example, the impact of the proposed forklift certification training will be measured by a comparison of the occurrence of forklift related accidents/injuries from previous years and after the training has been completed. Additionally, the cost of claims and lost time on the job will be tracked.</i>

Section H	TIFWORKS BUDGET INSTRUCTIONS
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TIFWORKS TERMINOLOGY: TRAINING <i>COURSE</i> BUDGET vs. TRAINING <i>PROGRAM</i> BUDGET
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The Training *Course* Budget(s) must be completed for each proposed training *course* as part of a *program*.

For example, XYZ Widget Company's proposed training *program* includes: 1) Workplace English-as-a Second Language- Level One, 2) Workplace English-as-a Second Language- Level Two, and 3) Forklift Operator Training. This training *program* consists of three *courses*. A Training *Course* Budget must be submitted for each of the three courses.

The Training *Program* Budget must reflect all costs associated with every training *course* proposed. Costs associated with the administration of the training program (Personnel, Fringe Benefits, Operating/Technical and Material and Supplies) must not exceed 15% of total program costs.

TRAINING COURSE BUDGET (Section C– Part II) & TRAINING PROGRAM BUDGET (Section D– Part I)

Show expenses that would be reimbursed by TIF funds as well as those which will be paid for with employer funding. Numbers should be rounded to the nearest dollar.

1. **Item of Expenditure** (Column 1)- Budgets are limited to the accounts listed. See Table 1 for corresponding account numbers and descriptions.
2. **Account Number** (Column 2)- Budgets are limited to the account numbers listed. See Table 1 for corresponding items of expenditure and descriptions.
3. **TIF Share** (Column 3)- By line item, summarize the cost of the proposed course/program to be reimbursed by TIF funds.
4. **Employer Share** (Column 4)- By line item, summarize the cost of the proposed course/program to be funded by the Employer. TIFWorks requires Employers to contribute 25% of total program costs. *

*Waivers of the 25% employer contribution are available to companies that meet one the following criteria: 1) is a commercial business with a maximum of \$1.5 million in annual sales each year for the past three years; 2) is an industrial business currently employing a maximum of 40 full-time equivalent employees.

Companies working with non-profit organizations (such as employment and training organizations, community development corporations, community colleges, industrial councils, business and trade organizations, labor organizations and similar organizations) may be eligible for TIFWorks funding up to 100% of eligible costs. Twenty-five percent of available funding in each eligible TIF district for each year of the TIFWorks program has been reserved for the exclusive use of non-profit organizations providing services to employers. As long as such funds remain available in a TIF, companies utilizing non-profit organizations as trainers for employers or as organizers of multiple employer programs will receive a waiver of the 25% employer contribution if: 1) the non-profit organization is the lead applicant, and 2) the application is financed with reserved funds as described above.

5. **Total Cost** (Column 5)- Add columns (3) and (4) to derive the amount of the total budget for the course/program.

TABLE 1

Items of Expenditure	Account Number	Description
Personnel	0005	Salaries, stipends, overtime, salary adjustments.
Fringe Benefit	0044	Employer contribution into the non-wage benefits (e.g., FICA, Worker's Compensation, Employment Security Tax, Health Benefit Programs, Federal Unemployment Tax and Retirement Programs) of the administration personnel. The total fringe benefit should be a percentage of actual wages paid.
Operating/Technical*	0100	Auditing, legal, publication, rental of property, rental of equipment/services, repair/maintenance of property, repair/maintenance of equipment, insurance, utilities, telephone, local transportation, postage, advertising, meeting costs. *Operating/Technical costs associated with Administration and Operating/Technical costs associated with Training must be differentiated.
Materials/Supplies*	0300	Stationery, tools, training manuals, workbooks, videotapes and other items. The purchase of training equipment is not allowable under this program. *Materials/Supplies associated with Administration and Materials/Supplies associated with Training must be differentiated.
Tuition/Training Costs	0700	Tuition/training costs associated with training services provided <i>directly</i> by the Applicant.
Professional and Technical Services	0140	Costs associated with services obtained from consultants and/or subcontractors.
Other	0400	Training costs not included in other categories.

If you are unsure how to categorize a specific cost, call TIFWorks staff at (312) 746-7849.

PERSONNEL BUDGET ALLOCATION (Section D – Part II)

Estimate the total personnel costs incurred in operating the proposed program. Provide a brief summary of job responsibilities for each budgeted position.

- Position/Title** (Column 1)- List all positions of individuals who are involved in the administration of the proposed program.
- Number and Rate** (Columns 2 and 3)- For each position listed in Column 1 indicate the number of employees and the corresponding salary rates (hourly). If there are different rates for the same position, list all the positions and rates separately.
- Number of Hours Spent on Program** (Column 4)- Indicate for each employee the number of hours that will be spent on the administration of this program.
- TIF Share of Total Cost** (Column 5)- For each position listed, indicate the total salary cost to be paid with TIF funds.
- Total Cost** (Column 6)- To determine the total salary for each position multiply Column 3 by Column 2. Multiply this amount by the number of hours spent on administering the program (Column 4).
- Brief Summary of Job Responsibilities** (Column 7)- Describe briefly the duties and responsibilities associated with each position listed in Column 1.
- Positions/Salaries Totals** (Line 8)- Add the number of positions to be funded for this program and indicate this number at the bottom of Column 2. Total Column 5 to obtain the total TIF share of personnel costs. Total Column 6 to obtain the total personnel cost.

FRINGE BENEFIT & TOTAL PERSONNEL COSTS - ADMINISTRATIVE (Section D – Part II/A)

The share of fringe benefit costs must be proportionate to the personnel costs described in the Personnel Budget Allocation.

1. **Social Security and Medicare** (Line 9)- Social Security Tax (otherwise known as Federal Insurance Contribution Act or FICA) and Medicare. Social Security Tax (Line 9a) is computed every payroll period as 6.2% of total payroll, up to \$65,400 per employee per year. Medicare Tax (Line 9b) is computed every payroll period as 1.45% of total payroll per employee per year.
2. **State Unemployment Insurance** (Line 10)- It is likely that your organization is responsible for paying Unemployment Insurance. For further information contact the Illinois Department of Employment Security hotline (312) 793-1905. In Column 5, show the TIF share of this total cost. In Column 6, show the total cost.
3. **State Workers Compensation Insurance** (Line 11)- This insurance is computed at a rate determined by the type of business or organization. Employers must pay worker's compensation based on the size of its insurance premium. All applicants are encouraged to call the National Council of Compensation Insurance (NCCI) at (800) 622-4123 for assistance in this matter. In Column 5, show the TIF share of this total cost. In Column 6, show the total cost.
4. **Other** (Line 12 and 13)- List any other employer expenses or benefits the agency will offer its employees. Most non-profit agencies do not have to pay the Federal Unemployment tax, which is computed every payroll period as .8% of total payroll up to \$7,000 per employee per year. This rate is subject to change and will be determined by the Internal Revenue Service. Contact the IRS at (312) 435-1040 to determine if your agency is exempt. An applicant or company should also contact MOWD to determine whether additional benefit(s) it wishes to offer are TIF eligible expenses. In Column 5, show the TIF share of this total cost. In Column 6, show the total cost.
5. **Total Fringe Benefits** (Line 14)- Add Lines 9 through 13 to determine the Total Fringe Benefits (Account Number 0044).
6. **Total Personnel Costs** (Line 15) - Add Lines 8 and 14 in Column 5 to determine the TIF Share of the total costs. Add Lines 8 and 14 in Column 6 to determine Total Personnel Costs for the program.

OPERATING/TECHNICAL & MATERIALS AND SUPPLIES - ADMINISTRATIVE (Section D – Part II/B)

Estimate and justify the line item amounts for Operating/Technical (Administrative) and Materials and Supplies (Administrative) shown on the Training Program Budget (Section D – Part I). Note that these costs are different from the line item amounts for Operating/Technical (Training) and Materials and Supplies (Training).

1. **Item of Expenditure and Account Number** (Columns 1 and 2) - List the item of expenditure and the corresponding account numbers specified on the Training Program Budget (Section D – Part I) which are applicable to this project. Only include Operating/Technical (Administrative) and Materials and Supplies (Administrative).
2. **TIF Share of Cost** (Column 3) - Show the TIF share of the total cost for each item of expenditure listed in Column 1.
3. **Total Cost** (Column 4) - Show the total amount of funds budgeted for each item of expenditure listed in Column 1.
4. **Line Item Description and Justification** (Column 5) - Each amount of budgeted funds listed in Column 4 must be justified. Show all calculations. Include quantities and unit costs.
5. **Total** (Line 6) - Indicate the totals for Columns 3 and 4.

ADMINISTRATIVE COST SUMMARY (Section D – Part II/B)

Show expenses that would be reimbursed by TIF funds as well as those which will be paid for with employer funding. Numbers should be rounded to the nearest dollar.

1. **Item of Expenditure** (Column 1)- Budgets are limited to the accounts listed. See Table 1 for corresponding account numbers and descriptions.
2. **Account Number** (Column 2)- Budgets are limited to the account numbers listed. See Table 1 for corresponding items of expenditure and descriptions.
3. **TIF Share** (Column 3)- By line item, summarize the cost of the proposed course/program to be reimbursed by TIF funds. The TIF share of funds cannot exceed 15% of total program costs.
4. **Employer Share** (Column 4)- By line item, summarize the cost of the proposed course/program to be funded by the Employer.
5. **Total Cost** (Column 5)- Add columns (3) and (4) to derive the amount of the total administrative cost for the program.

NON-PERSONNEL BUDGET ALLOCATION (Section D – Part III)

Estimate and justify the non-personnel line item amounts shown on the Training Program Budget (Section D – Part I).

1. **Item of Expenditure and Account Number** (Columns 1 and 2) - List the item of expenditure and the corresponding account numbers specified on the Training Program Budget (Section D – Part I) which are applicable to this project. Do not include Personnel or Fringe Benefits. For Operating/Technical and Materials and Supplies, differentiate costs associated with Administration and Training.
2. **TIF Share of Cost** (Column 3) - Show the TIF share of the total cost for each item of expenditure listed in Column 1.
3. **Total Cost** (Column 4) - Show the total amount of funds budgeted for each item of expenditure listed in Column 1.
4. **Line Item Description and Justification** (Column 5) - Each amount of budgeted funds listed in Column 4 must be justified. Show all calculations. Include quantities and unit costs.
5. **Total** (Line 6) - Indicate the totals for Columns 3 and 4.