

INSTRUCTIONS

You are applying for a technical job Training grant assistance from InvestUP. The program is federally funded entirely from supplemental Community Development Block Grant (CDBG) funds received from the U.S. Department of Housing and Urban Development (HUD) as provided under the CARES Act (CDBG-CV). Use of CDBG-CV funds are limited to activities that prevent, prepare, or respond to the COVID-19 pandemic.

Technical job Training grant funds are only available for the following programs provided by Gogebic Community College, Bay de Noc Community College, **Northern Michigan University**, or Michigan Technological University:

MTU:

International Accreditors for Continuing Education and Training (IACET)
Accredited Continuing Education Units (CEU's)

NMU:

Certificate of Completion and a Digital Badge in:
Manufacturing Production Bootcamp
Cisco Certification Technician Training
Welding Training
Medical Device Advanced Manufacturing

Bay de Noc Community College:

Certificate of Completion in:
Math for Manufacturing
Motor Control Basics
Applications for Programmable Logic Controller (PLC)

Gogebic Community College:

SACA's C-101 Certified Industry 4.0 Associate – Basic Operations Certification
SACA's C-103 Certified Industry 4.0 Associate – Robot System Operations Certification

Assistance for eligible applicants will be paid directly to Gogebic Community College, Bay de Noc Community College, Northern Michigan University, or Michigan Technological University. **NO REIMBURSEMENTS WILL BE MADE FOR COSTS PAID PREVIOUSLY.** The cost of the training and related materials will be covered. All other costs are the responsibility of the trainee.

To be eligible, applicants must meet the following criteria:

1. Experienced a COVID-19 financial related hardship.
2. Primary household residence must be located within the counties of Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon or Schoolcraft.

[CONTINUE ON NEXT PAGE]

3. Total combined income for all household members must not exceed income limit per size of household as listed below, by county (***select your county of residence***):

Counties of: **Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Iron, Luce, Mackinaw, Menominee, Ontonagon, Schoolcraft**

<u>FAMILY SIZE</u>	<u>MAXIMUM INCOME</u>
1.....	\$36,150
2.....	\$41,300
3.....	\$46,450
4.....	\$51,600
5.....	\$55,750
6.....	\$59,900
7.....	\$64,000
8.....	\$68,150

County of **Houghton**:

<u>FAMILY SIZE</u>	<u>MAXIMUM INCOME</u>
1.....	\$36,200
2.....	\$41,400
3.....	\$46,550
4.....	\$51,700
5.....	\$55,850
6.....	\$60,000
7.....	\$64,150
8.....	\$68,250

County of **Keweenaw**:

<u>FAMILY SIZE</u>	<u>MAXIMUM INCOME</u>
1.....	\$37,550
2.....	\$42,900
3.....	\$48,250
4.....	\$53,600
5.....	\$57,900
6.....	\$62,200
7.....	\$66,500
8.....	\$70,800

County of **Marquette**:

<u>FAMILY SIZE</u>	<u>MAXIMUM INCOME</u>
1.....	\$38,650
2.....	\$44,200
3.....	\$49,700
4.....	\$55,200
5.....	\$59,650
6.....	\$64,050
7.....	\$68,450
8.....	\$72,900

WARNING – IF YOU FAIL TO REPORT THE INCOME OF ALL HOUSEHOLD MEMBERS OR INCLUDE MEMBERS NOT PERMANENTLY LIVING IN YOUR HOUSEHOLD, YOUR

APPLICATION WILL AUTOMATICALLY BE DENIED. HOUSEHOLD INCOME AND INFORMATION WILL BE VERIFIED.

Application may be made for one term at a time. If the applicant is unable to complete all course work required for certification within that term, they must reapply for assistance. NOTE: Grant funding is limited and not guaranteed to be available beyond the first term. Applications will be reviewed on a first-come, first-serve basis.

PLEASE SUBMIT ALL BACKUP INFORMATION REQUESTED WHEN RETURNING THIS GRANT APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. CAREFULLY READ AND ANSWER EACH QUESTION, AND THEN SIGN THE APPLICATION.

If you have any questions regarding the application, call Amy Berglund at (906)376-0676 or email at INVEST@investupmi.com .

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<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>CASE #: _____</p> <p>DATE RECEIVED:</p> <p>_____</p>

TECHNICAL JOB TRAINING GRANT APPLICATION

I, _____, as of _____

(Print applicant's full name)

(Date financial difficulty started)

have experienced financial difficulty related to the COVID-19 pandemic due to:

- Being laid off because of COVID-19.
- Reduction in my work hours and pay due to COVID-19.
- Needing to take extended time off work due to COVID-19 either to:
 - Care for my child/children whose school was or is currently closed; or
 - Care for a family member who was or is sick with COVID-19.
- Needing to take extended time off work because I had tested positive for COVID-19.
- Needing to take extended time off work to seek medical care to confirm that I had COVID-19
- Incurred additional costs directly related to preparing, preventing, or responding to the COVID-19 pandemic including:

 Other hardship not listed above:

Please answer both of the following questions (for statistical purposes only):

Choose one ETHNICITY:

- Hispanic or Latino
- Not Hispanic or Latino

Choose one RACE:

- White
- Black/African American
- Asian
- Native American
- Hawaiian/Pacific Islander
- Native American & White
- Asian and White
- Native & African American
- Other Multi-Racial

[CONTINUE ON NEXT PAGE]

CERTIFICATIONS AND AUTHORIZATION

I (WE) HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE. I(WE) UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE FRAUD AND ARE IMMEDIATE GROUNDS FOR DENIAL OF ASSISTANCE.

I (WE) UNDERSTAND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE THAT I (WE) WILL BE ELIGIBLE FOR ASSISTANCE THROUGH THE TECHNICAL JOB TRAINING GRANT PROGRAM. I (WE) MUST COMPLETE THE APPLICATION PROCESS AND BE CERTIFIED ELIGIBLE BEFORE ASSISTANCE CAN BE PROVIDED. I (WE) UNDERSTAND THAT I(WE) AM SUBJECT TO ALL PROGRAM GUIDELINE CHANGES AND THAT FUNDING FOR THE PROGRAM IS NOT GUARANTEED.

I(WE) UNDERSTAND THAT THE INFORMATION I (WE) PROVIDED, INCLUDING ALL FINANCIAL INFORMATION, IS SUBJECT TO VERIFICATION BY MID MICHIGAN DEVELOPMENT CORPORATION AND/OR THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD).

DUPLICATION OF BENEFITS CERTIFICATION: A DUPLICATION OF BENEFITS OCCURS WHEN A PERSON OR HOUSEHOLD RECEIVES FINANCIAL ASSISTANCE FROM MULTIPLE SOURCES FOR THE SAME PURPOSE, AND THE TOTAL ASSISTANCE RECEIVED FOR THAT PURPOSE IS MORE THAN THE TOTAL NEED FOR ASSISTANCE. THE CARES ACT REQUIRES HUD GRANTEES TO ENSURE THAT ANY CDBG-CV ASSISTANCE PROVIDED WILL NOT RESULT IN A DUPLICATION OF BENEFITS. BY SIGNING THIS APPLICATION, YOU ARE CERTIFYING YOU HAVE NOT RECEIVED OR HAVE APPLIED FOR ANY ADDITIONAL ASSISTANCE THAT WOULD RESULT IN A DUPLICATION OF BENEFITS RELATED TO THIS PROGRAM. FURTHER YOU AGREE TO REPAY ANY ASSISTANCE PROVIDED IF IT IS DETERMINED THAT SUCH ASSISTANCE IS DETERMINED TO BE DUPLICATIVE.

WARNING - PENALTY FOR FALSE OR FRAUDULENT STATEMENT: THE INFORMATION PROVIDED ON THIS FORM IS SUBJECT TO VERIFICATION BY HUD AT ANY TIME, AND TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY AND ASSISTANCE CAN BE TERMINATED FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO A DEPARTMENT OF THE UNITED STATES GOVERNMENT.

Incomplete applications will be returned with the noted deficiencies. Failure to respond to the notice by the stated deadline will result in denial of the application.

APPLICANT AND ALL RELATED HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST SIGN THE APPLICATION. IF PERSON OTHER THAN APPLICANT(S) SIGNS THE APPLICATION, POWER OF ATTORNEY DOCUMENTATION MUST BE ATTACHED.

SIGNATURE - (APPLICANT)

DATE

[CONTINUE ON NEXT PAGE]

Signature(s) of all additional household members 18 years of age and older

SIGNATURE

DATE

SIGNATURE

DATE

SIGNATURE

DATE

STAFF USE ONLY

Reviewed by: _____

Date: _____

Approved Denied

Household Income: 30% AMI or less 31% - 50% 51% - 80% AMI
 Over 80% AMI

[CONTINUE ON NEXT PAGE]

AFFIDAVIT WITH RESPECT TO TAXABLE INCOME FORM

Affidavit with Respect to Taxable Income

Date of Birth _____

Name _____

Address _____

Social Security Number _____

2021 Sources of Income

Payee Name/Employer*	Gross Amount Received
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL 2021 INCOME	\$

*Based on the information provided, the applicant may be required to provide source documentation such as W2s, 1099s, benefit letters, etc.

Declare that I (CIRCLE ONE) did/will not file an Internal Revenue Service Form 1040 for the 2021 calendar year for the income reported above.

WARNING - PENALTY FOR FALSE OR FRAUDULENT STATEMENT: THE INFORMATION PROVIDED ON THIS FORM IS SUBJECT TO VERIFICATION BY HUD AT ANY TIME, AND TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY AND ASSISTANCE CAN BE TERMINATED FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO A DEPARTMENT OF THE UNITED STATES GOVERNMENT.

Date

Signature

[CONTINUE ON NEXT PAGE]

APPLICANT'S CHECKLIST

YOU MUST PROVIDE THE FOLLOWING ITEMS FOR CONSIDERATION:

- 1) Completed application signed by all household members 18 years of age or older; and
- 2) Copy of front and back of primary applicant's State of Michigan Driver's License or State Identification card; and
- 3) Current 1040 federal income tax return for all household members 18 years of age or older. Any household member(s) that did not file a federal 1040 income tax return for the 2021 calendar year must complete and sign the "Affidavit with Respect to Taxable Income" form. Based on the information provided, the applicant may be required to provide source documentation such as W2s, 1099s, benefit letters, etc.

Incomplete applications will be returned with the noted deficiencies. Failure to respond to the notice by the stated deadline will result in denial of the application.

Options for submitting applications, in -person drop off or mail:

**Stephanie Zadroga-Langlois
Director, Continuing Education & Workforce Development
Northern Michigan University
Jacobetti Complex
1401 Presque Isle Ave.
Marquette, MI 49855
(906)227-1683 ext 103 OR (906)227-2103
szadroga@nmu.edu**

[END]

ATTACHMENT B

(To be completed by institution and submitted with Service Voucher)

Reporting Period _____

Contact Name/Phone/e-mail Stephanie Zadroga-Langlois, (906)227-2103, zadroga@nmu.edu

RACE/ETHNICITY

Identify the cumulative number of people served by race and ethnicity for the activity period. Also enter the basic type of service provided:

Race/Ethnicity	A # Non-Hispanic	B # Hispanic	Service Provided
White			
Black/African American			
Asian			
Native American			
Hawaiian/Pacific Islander			
Native American & White			
Asian and White			
African American & White			
Native- & African American			
Other			
Total			

Number of Female-Headed Households: _____

Income Data:

Number of People Served from Very Low-Income Households _____

Number of People Served from Low-Income Households _____

Number of People Served from Moderate Income Households

Number of People Served from Over-Income Households

Total Number of People Served: _____

Note: This equals the total of columns A + B. It should also equal the total number of people served when totaling the income data.

Narrative of Accomplishments: (USE ADDITIONAL SHEETS AS NECESSARY)

Certification of Accuracy: I certify that this information is accurate to the best of my knowledge.

SIGNATURE

DATE

[END]
ATTACHMENT C