



ILLINOIS DEPARTMENT OF COMMERCE & ECONOMIC OPPORTUNITY
EMPLOYER TRAINING INVESTMENT PROGRAM (ETIP)
 MULTI-COMPANY COMPETITIVE GRANT



COMPANY PROFILE
 (TO BE COMPLETED BY PARTICIPATING EMPLOYERS)

Please provide all the requested information. Incomplete profiles will not be processed.

PLEASE TYPE OR PRINT LEGIBLY

Company Name: (as listed with IRS)		Contact Person:		Check One:		Title:	
				<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Address:			City:		State:	Zip Code: (9 digit zip code required)	
					IL	+	
County:	Phone Number:	Ext:	Fax Number:	Email Address:			
	() -		() -				
Taxpayer Identification #:		Illinois Unemployment Insurance #:*		NAICS Code:		Web Site:	
-							
Type of Company:			Products Manufactured and/or Services Provided:			# of Employees:	
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Other							
Percentage of sales (Sum should total 100%):				Countries where currently exporting products:			
In Illinois ____% Other states ____% Foreign ____%							

What other financial training assistance, including but not limited to any Federal, State, or local governmental financial assistance, has the company applied for or been awarded in the last 3 years? (If applicable, please check one or more)

- IL Department of Commerce and Economic Opportunity
Date: _____ Amount: \$ _____
- Secretary of State (Workplace Literacy)
Date: _____ Amount: \$ _____
- City/Municipal (Specify) _____
Date: _____ Amount: \$ _____
- Other (Specify) - Educational institution; foundation; non-profit; or employer organization (e.g. trade association; chamber of commerce)
Date: _____ Amount: \$ _____

Name of Labor Union(s) representing employees at facility (If additional unions, please specify per below and add an attachment):

Union(s):		Contact Person(s):		Position:	
Address:		City:		State:	Zip Code:

The company certifies: that to the best of its knowledge, we are not in material violation of local, state or federal labor laws at any site involved in this application, and that abnormal labor conditions such as a strike or lockout do not exist at any of these sites; that employees will be notified in writing that the training is partially funded by the ETIP Program grant administered by the Illinois Department of Commerce and Economic Opportunity; and that training is necessary to upgrade participating employees' skills to keep the company and employees current and competitive.

Company Officer (Please type or print): _____ Title: _____

Signature: _____ Date: _____

**For assistance acquiring this number, contact IDES Employer Services Hotline at 800-247-4984.*