

Company Training Release

Only one training release is required per company

*FEIN (Federal Employer Identification Number):			
*Employer Legal Name:			
Doing Business As Name:	<input type="checkbox"/> Same as Legal Name, or enter here:		
Unemployment Insurance Tax ID:		Active Status:	
Industry Category			
Industry Sub Sector			
Industry Group			
Business Description: (Max 100 characters)			
Branch/Location Name: (Ex: "Harrisburg Office")			
Ownership			
Affirmative Action Employer		Federal Contracting Job Listing Employer	

Employer Details

*Address Line 1:			
Address Line 2:			
*City:		*State:	
*Zip Code:		*County:	
*Phone Number:		Extension:	
Fax Number:		Email:	
Website URL:			

Personal Details

*Name:			
*Address Line 1:			
Address Line 2:			
*City:		*State:	
*Zip Code:		*County:	

I hereby acknowledge that by providing a signed copy of this registration form to my Industry Partnership Coordinator, I am granting the Coordinator permission to enter confidential data regarding employee training into the state's system of records Comprehensive Workforce Development System (CWDS) on my behalf. This confidential data includes but is not limited to an employee's social security number.



Signature of Company Representative: _____

Please Print Name: _____

Please complete this form, print and sign, then return to Sherry Cockerham, Project Coordinator via fax or scan.

CCEDC, Eagleview Corporate Center, 737 Constitution Drive, Exton, PA 19341

(610) 321-8213 Office (610) 458-7770 Fax

scockerham@ccedcpa.com

The Manufacturing Alliance of Chester and Delaware Counties MACCDC Grant Application 2019-2020

Please complete the following information and return with requested materials

Employer Data			
Organization Name:			
Organization Address:			
Contact Person Name/Phone Number:			
Course Title:			
Dates and Location of Course:			
Cost of Course: \$			
<i>Please note: MACCDC will be able to reimburse up to 50% of the cost of the course (course fee only). The check will be made out to the organization at the name/address indicated above.</i>			
Participant Data			
Name of Participant		Title	
Address		City	
State	PA	Zip	
Phone		E-mail	
Fax		Website	
Social Security Number (REQUIRED)		Gender (Optional)	Male/Female
Race (Optional)		Ethnicity (Optional)	
Name of Certification/Credential Achieved by Participant:			
Please answer the following question (REQUIRED):			
"Did this training improve your technical skill set?" Yes/No (circle one) Please explain:			

For the Grant Review Team to consider approval, please return this form with the following materials:

- Name of the course and the course / training description (agendas and/or course flyer)
- The itemized Invoice from the training company. (we'll need a Copy of your "proof of payment" before we award dollars)
- After training is complete, email us a copy of any certificate /CEs earned as a result of the training

Fax or mail the MACCDC Grant Application form, plus above-mentioned supporting documents to:

Fax: 610-458-7770 Attn: Sherry Cockerham, MACCDC Project Coordinator

Mail: Chester County Economic Development Council

Attn: Sherry Cockerham, Project Coordinator, The Manufacturing Alliance of Chester and Delaware Counties
737 Constitution Drive, Exton, PA 19341

Please do not email the form due to security reasons.

Questions: If you have any questions, please contact Jim Lauckner at 610-321-8231 or jlauckner@ccedcpa.com

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