City of Chicago
Department of Planning and Development
Workforce Solutions

50/50 TIFWorks Application for Incumbent Training

Please type this application

Businesses located in participating TIFWorks districts may be eligible for up to a 50% match of eligible training costs reimbursed. This is to train full-time, permanent employees who are located in an eligible TIF district. Please complete the following application about your proposed training. Additional documentation will be required once training is completed.

TIF District:

Company Information

Company Name: **Address:**

Contact Person: **City/State/Zip:**

Telephone: **Email:**

Industry Sector: **# of Employees:**

% Chicago Residents: **Average Wage:**
(current)   *(excluding management)*

Please provide a brief company description below:

Please describe why you need this training:

City of Chicago
Department of Planning and Development
Workforce Solutions

50/50 TIFWorks Application

Training Information
For each training type, please list the training vendor information below.

Training 1:		**# of Participants:**
Training Vendor Name:		**Estimated Cost:**
Address:		**Training Dates:**
Training 2:		**# of Participants:**
Training Vendor Name:		**Estimated Cost:**
Address:		**Training Dates:**
Training 3:		**# of Participants:**
Training Vendor Name:		**Estimated Cost:**
Address:		**Training Dates:**

Total Training Estimate: **Total Participants:**

Application Checklist

Please note, in order to be eligible for reimbursement, the following documents must be submitted in addition to the application.

Submit with the Application
- [ ] Training Description (from Trainer)
- [ ] Training Estimate
- [ ] Participant List for Each Class (page 3)
- [ ] A Copy of the Business License
- [ ] Principal Profile & Child Support Affidavit

Submit with Voucher
- [ ] Sign-In Sheet for Each Class
- [ ] Proof of Payment by Company

Applicant/Company Name:

Please list the name(s) of the employees who are scheduled for this training:

	Name	Title/Position	Address	City, State, Zip	Training
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Submitted By:

Print Name/Title: **Date:**

City of Chicago
Department of Planning and Development
Principal Profile

The following information must be provided for each individual that holds a direct or indirect ownership interest of more than 7.5 percent in the applicant entity. In the case of a nonprofit organization, all members of the Board of Directors, Officers and executive staff must submit this information. It is provided to the City for the purpose of determining whether the listed persons have any outstanding water bills, traffic, child support payments or other city obligations. All outstanding obligations must be satisfied before the Department of Planning and Development will proceed with this application.

Name:	
Home Address:	
Date of Birth:	
Social Security Number:	
Driver's License Number:	
License Plate Number:	

STATE OF ILLINOIS)
COUNTY OF COOK)

AFFIDAVIT OF CHILD SUPPORT COMPLIANCE

I, _____, being duly sworn on oath, state that the following statements are true and correct to the best of my knowledge and belief:

1. My full legal name is: _____.

2. My home address is: _____.

3. My home phone number is: _____; my work phone number is _____.

4. My driver's license number is: _____.

5. My social security number is: _____, My date of birth is: _____.

6. If I have any child support obligations, I affirm that I am in compliance with such obligations and that my court case number is: _____.

7. I agree to comply in the future with any court order to pay child support.

8. I agree to comply with any present, or future, order to withhold child support payments from an employee's salary, if I or my company are named as a payor for withholding child support.

9. I agree to enroll children in a health insurance plan, if I or my company are now, or in the future, named as a payor for enrolling a child in a health insurance plan.

10. I agree to have the information provided in this affidavit audited by the Department of Consumer Services for the purposes of assuring that any child support obligation I may have now or in the future is met.

11. I understand that I may be prosecuted by the Department of Consumer Services if any of the above statements are found to be false, either wholly or partially.

12. I further understand that in addition to being prosecuted by the City for false or misleading statements on this affidavit, that any misrepresentation made in this affidavit may result in a three-year period of ineligibility with the City.

13. I understand that all city employees must comply with all court-ordered child support obligations as a condition of city employment. Noncompliance shall be grounds for disciplinary action.

Under penalties as provided by law, including but not limited to Chapter 1-21 of the Municipal Code of the City of Chicago set forth below, I certify that the above statements are true and correct.

Signed: _____ Dated: _____

Subscribed and sworn to before me this
_____ day of _____, 20_____

_____, Notary Public