



The Alliance for Working Together Foundation

8980 Tyler Blvd.

Mentor, OH 44060

thinkmfg.com/apprenticeships

Thank you for your interest in the AWT Apprenticeship Program!

Attached are all the required forms to participate in our program. Please fill out each form carefully to the best of your ability. A description of each form and guidance on how to fill each out is included below.

1. **AWT Apprenticeship Application:** Please fill out each section, including your signature and the date.
2. **ODJFS Apprenticeship Agreement:** This document is required by the state of Ohio. Please only fill out Part A and leave Part B blank. AWT will complete Part B.
3. **OMA Participant Profile:** Please fill out the front and back of the Participant Profile form. Leave the "Received by" section on the bottom of the first page blank. AWT will sign this.
4. **FERPA Agreement:** This document gives AWT permission to release information such as grades and reports back to your employer. Fill in all blanks with the proper information and sign and date the document.
5. **Credit Voucher:** **OPTIONAL** Fill out only if you completed a pre-apprenticeship such as Auburn, Lakeshore Compact, A-Tech, etc. Please fill out the form with any previous credit, leaving the sponsor's signature section blank. AWT will sign this.
6. **Chromebook Agreement:** This document states that you will return the issued Chromebook after completing the program. Please print your name, then sign and date the bottom of the document. AWT will sign and date the program manager line.
7. **Intent to Sponsor / Employer acceptance:** **FOR EMPLOYERS** Please fill out the front and back of this form, sign, and date both sides.
8. **Company Earn and Learn:** **FOR EMPLOYERS** Please Fill out the front and back and sign and date the bottom of this form.
9. **Pay Increase Schedule:** This shows the pay increase schedule by semester. You may keep this document for your records.
10. **TechCred Reimbursement Instructions:** **FOR EMPLOYERS** Instructions on how to register apprentices through TechCred through the state of Ohio. You may keep this document for your records.

Once AWT receives your packet of materials, staff will be in contact to set up a short phone interview. If any questions arise, please do not hesitate to contact me at Kailyn_Clarke@thinkmfg.com or call me at (440) 462-1998

Kailyn Clarke

Program Manager

The Alliance for Working Together Foundation

Kailyn_Clarke@thinkmfg.com | 440.462.1998



8980 Tyler Blvd
Mentor, OH 44060

Phone: 440-462-1995

AWT Apprenticeship Application

Application # (Internal use only):

Personal Information

Last		First		MI	SSN#	Email	
Street Address		City		ST	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States (Y/N)?				Are you 18 or older (Y/N)?		If yes, Date of Birth (MM-DD-YYYY)	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years (Y/N)?				If yes, please explain:			
Military Service (Y/N)?		If yes, which branch?		Are you a veteran?		If yes, which War?	
How did you hear about this apprenticeship program?							

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Pay						
Reason for Leaving						
May We Contact						

Education

	Name/Location	Last Year Complete				Degree	Major or Emphasis
High School		9	10	11	12		
College/University		1	2	3	4		
Trade School		1	2	3	4		
Other		1	2	3	4		
List any applicable special skills, training or proficiencies.							

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

Signature

Date

Ohio Department of Job and Family Services
APPRENTICESHIP AGREEMENT

By authority of the Ohio State Apprenticeship Council in cooperation with the US Department of Labor, Office of Apprenticeship

Privacy Act Statement: The information requested herein is used for apprenticeship program statistical purposes and will only be disclosed in accordance with the provisions of the Privacy Act of 1974, (P.P.93-579)

The under-signed sponsor and apprentice hereby agree to the terms stated by this form and inscribed therein, and to the terms of the standards and work process schedule of the related registered program. In accordance with the equal opportunity provisions of 29 CFR Part 30.3, Executive Order 11246, and the apprenticeship rules of the State of Ohio (OAC 5101:11), the sponsor will not discriminate in the selection and training of the apprentice. This agreement may be terminated by either party that cites cause and notifies the Registration Agency in compliance with 29 CFR Part 29.6 and OAC 5101:11.

Part A: To be completed by apprentice. (Note to Sponsor: Part A should only be filled out by the apprentice.)

1. Apprentice identification (please print clearly) Name of apprentice (first, middle, last) Address (street address, city, state, zip code) Phone number E-mail address		4. Equal Opportunity Information a. Race (mark one) <input type="checkbox"/> Am. Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Do not wish to answer b. Ethnic Group <input type="checkbox"/> of Hispanic or Latino origin <input type="checkbox"/> not of Hispanic or Latino origin <input type="checkbox"/> Do not wish to answer		5. Veteran status <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran 6. Highest education level attained <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th through 12th grade <input type="checkbox"/> GED <input type="checkbox"/> High school or Greater <input type="checkbox"/> Post Secondary or Technical Training	
2. Date of birth (mo/day/yr)		3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Was indenture arranged under a recognized pre-apprenticeship agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Signature of apprentice _____ Date _____				9. Signature of parent or guardian (if applicable) _____ Date _____	

Part B: To be completed by sponsor (Note to Sponsor: When Parts A & B are complete, please retain this form internally for five (5) years.)

10. Occupation a. Occupation title b. RAPIDS code #		11. Date apprenticeship begins 12. Probationary period – specific number of hours																							
13. Normal term of program -- specific number of hours a. on-the-job training (OJT) _____ b. related instruction (RI) _____		14. Prior training credit for this apprentice -- specific number of hours OJT _____ RI _____																							
15. Time remaining in program for this apprentice -- specific number of hours OJT _____ RI _____		16. Related instruction (RI) -- a. Provider name b. Provider type <input type="checkbox"/> sponsor <input type="checkbox"/> USO <input type="checkbox"/> other c. RI method <input type="checkbox"/> class <input type="checkbox"/> shop <input type="checkbox"/> correspondence e. During RI, wages <input type="checkbox"/> will be paid <input type="checkbox"/> will not be paid																							
17. Apprentice wages: In sections a. through c., please list the <u>standard</u> schedule of pay, showing wage levels at each period of training. <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">Period :</div> <div style="width: 80%; text-align: center;"> 1 2 3 4 5 6 7 8 9 10 </div> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Length of period (specific # of hours)</td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> </tr> <tr> <td>b. Apprentice wage: dollars <u>or</u> % of journey wage</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table>				a. Length of period (specific # of hours)											b. Apprentice wage: dollars <u>or</u> % of journey wage										
a. Length of period (specific # of hours)																									
b. Apprentice wage: dollars <u>or</u> % of journey wage																									
c. The program completion wage is \$ _____ per hour, as of this date: _____		18. This apprentice's starting wage in the program (based on advancement period in which he/she starts, if credit is awarded) is \$ _____ per hour.																							
19. This apprentice's wage just prior to starting the program, if known, was \$ _____ per hour.																									
20. Sponsor identification Name of organization Alliance for Working Together Address (street address, city, state, zip code) 8980 Tyler Blvd. Mentor, OH 44060		21. Contact information for sponsor's designee to receive complaints Name Kailyn Clarke Title Program Manager Phone # (440) 462-1998																							
22. Signature of Joint Apprenticeship Cmte. representative (if any) _____ Date _____		23. Signature of authorized sponsor representative _____ Date _____																							

Part C: To be completed by Registration Agency

New RAPIDS Apprentice Number

PARTICIPANT PROFILE FORM

This project was funded by a grant awarded under the H-1B grants, as implemented by the U.S. Department of Labor's Employment and Training Administration. The collection of this information helps to track the long-term success of this training program. Your personal information is kept confidential and secure and will not be shared with any outside agencies other than those involved with the support or oversight of the H-1B grant received by Ohio Manufacturing Workforce Partnership and issued by the U.S. Department of Labor. Your information will never be sold or shared with third party agencies through your participation in grant supported training activities. Please direct any additional questions concerning the use of your personal information to ohiotechnet@lorainccc.edu. In addition to requesting a range of information from project participants, including demographic information, the use of your Social Security Number is also requested in order to access wage and employment information through state databases. Although you cannot be denied service for failure to provide your Social Security Number, we strongly encourage you to do so in order to enable the project to quantify specific employment-related outcomes. Your personal information will be kept confidential.

IDENTIFYING INFORMATION

Date: _____ Student ID: (if applicable) _____

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security Number: _____ Region: _____

DEMOGRAPHICS

Sex

☐ Male

☐ Female

Individual with a Disability

☐ Yes

☐ No

Eligible Veteran Status

☐ Yes <=180 Days

☐ Yes, Other Eligible Person

☐ Yes, Eligible Veteran

☐ No

Ethnicity: Hispanic/Latino

☐ Yes

☐ No

Asian

☐ Yes

☐ No

American Indian/Alaska Native

☐ Yes

☐ No

Black/African American

☐ Yes

☐ No

Native Hawaiian/Pacific Islander

☐ Yes

☐ No

White

☐ Yes

☐ No

RESIDENCE ADDRESS

Residence Address: _____

Residence City: _____ Residence State: _____ Residence ZIP Code: _____

CONTACT INFORMATION

Mailing Address: _____

Mailing City: _____ Mailing State: _____ Mailing ZIP Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Participant Signature: _____ Received By: _____

Highest School Grade Completed

12th

English as a Second Language

☐ Yes

☐ No

Benefits Received

☐ SNAP/Food Stamps

☐ TANF

☐ SSI

☐ Other Form of Public Assistance

☐ None

Highest Education Level Completed

☐ Attained High School Diploma

☐ Attained High School Equivalency (such as GED)

☐ Participant with Disability, completed Individualized Education Program (IEP)

☐ Completed one or more years of post-secondary education

☐ Attained a post-secondary technical or vocational certificate (non-degree)

☐ Attained Associates Degree

☐ Attained Bachelor's Degree

☐ Attained Degree beyond bachelor's degree

☐ No Educational Level Completed

Ex-Offender Status

☐ Yes

☐ No

The Ohio Manufacturing Workforce Partnership (OMWP) is a collaboration of The Ohio Manufacturers' Association (OMA) and Ohio TechNet (OTN). Established to address Ohio's manufacturing workforce shortage, the OMWP works directly with a statewide network of manufacturing industry sector partnerships, and is focused on meeting local employment and skill needs.

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.



AWT Foundation FERPA Release Form

Student Information

Name			
	First	Middle Initial	Last
Mailing Address			
Phone Number		Email Address	

I permit the Alliance for Working Together (AWT) Foundation to release selected information to the recipient(s) listed for the purpose of:

<input checked="" type="checkbox"/>	To aid in making present and future educational decisions.
<input type="checkbox"/>	Other:_____

Types of Information to Release

<input checked="" type="checkbox"/>	All Records	
<input type="checkbox"/>	Accounting	Includes tuition and fee balances, mailing and billing addresses, payment plans, accounting statements, collections, and debt information.
<input type="checkbox"/>	Admission	Includes dates of application, program selected, documents received, documents pending, dates of Admission, admission status, and conditions of admission.
<input type="checkbox"/>	Registration	Includes current enrollment, dates of enrollment activity, enrollment status, courses/modules attended, and mailing address information.
<input type="checkbox"/>	Academic Records	Includes courses taken, grades received, GPA, academic progress, attendance, Records and certifications awarded.
<input type="checkbox"/>	Financial Records	Includes all general financial aid information.

Release to	Releasee	Relationship
<input checked="" type="checkbox"/>	List Employer Here	Employer
<input checked="" type="checkbox"/>	AWT Partners <ul style="list-style-type: none">- Ohio Department of Job & Family Services- Ohio Department of Higher Education- Lorain Community College- Lakeland Community College- Manufacturing Works- United States Department of Labor- Other Partners can be requested to Teresa Simons, AWT Executive Director	Grant Reporting/Education Partners
<input type="checkbox"/>		

Signature of Student/Parent Guardian*

Date

*Students under the age of 18 must have this consent form signed by the student's parent or guardian.

GENERAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) deals specifically with the education records of students, affording parents/students certain rights with respect to those records.

For purposes of definition, "education records" are generally those records that:

1. Contain information directly related to a student; and
2. Are maintained by an educational agency or institution or a party acting for the agency or institution.

To learn more about FERPA, visit <https://studentprivacy.ed.gov/>.

**VOUCHER OF CREDIT
FOR APPRENTICE'S PREVIOUS EXPERIENCE**

Sponsor Organization Alliance for Working Together (AWT) Foundation		Program ID # 2020-OH-78596
Apprentice's Name	Occupation	

ON-THE-JOB TRAINING (O.J.T.) CREDIT

Credit for previous work or job skill must not equal more than 75% of the normal term of OJT, and the remaining amount of OJT in the program must be no less than 2,000 hours. Any amount of OJT credit will require submittal of a completed voucher and is subject to the approval of the ApprenticeOhio administrator.

<u>Employment:</u> For each job where the apprentice obtained qualifying work experience, please list the employer and the amount of OJT credit earned.	<u>Credit Hours</u>
<u>Remaining OJT:</u> Please calculate the following.	<u>Total Hours</u>
Hours of the normal OJT term	
Total OJT hours credited (above) to this apprentice	
Normal OJT term hours <i>minus</i> credit	

RELATED INSTRUCTION (RI) CREDIT

Credit for previous related instruction may equal up to 100% of the program's RI requirement. Any amount of RI credit will require submittal of a completed voucher, and is subject to the approval of the ApprenticeOhio administrator. *Attached to the voucher there must be documentation* (e.g., a transcript) of the course work on which credit is based.

<u>Instruction:</u> Please list each institution that provided the apprentice with qualifying instruction, as well as the amount of credit earned through that institution.	<u>Credit Hours</u>
<u>Remaining RI:</u> Please calculate the following.	<u>Total Hours</u>
Hours of the normal RI term	
Total RI hours credited (above) to this apprentice	
Normal RI term hours <i>minus</i> credit	

SIGNATURES

Sponsor Representative's Signature	Date
Apprentice's Signature	Date

INTENT TO SPONSOR

It is our Intent to Sponsor _____ as an
(Applicant name)
apprentice in the Registered Apprenticeship Program for the Alliance for Working
Together (AWT) Foundation.

According to the Approved Standards the Alliance for Working Together (AWT)
Foundation, in cooperation with the Ohio State Apprenticeship Council staff office
(OSAC), all apprenticeship records will be maintained by the AWT Foundation and
any notifications regarding the program will be sent to
_____ Company.

Name of authorizing person: _____

Title: _____

Signature: _____

Date: _____

ALLIANCE FOR WORKING TOGETHER (AWT) FOUNDATION

Employer Acceptance Agreement

The employer has been furnished a copy of the approved program Standards, has read and understands them. On-the-job, apprentices will be assigned to a skilled and competent mentor. The registered apprentice will work to satisfactorily complete their term of apprenticeship. Additionally, apprentices will be rotated amongst work assignments to allow completion of all phases of work, as prescribed by the Work Process Schedule.

The employer shall provide the sponsor with apprentice records, to include: Intent-to-Sponsor Letters; hours of on-the-job training hours logged by Work Process Schedule; notification of apprentice wage increases; and results of apprentice progress evaluations. The required information is necessary for the sponsor to maintain compliant records management in accordance with OAC 51010:11.

All correspondence and compliance with the state is the responsibility of the sponsor. A nationally recognized portable certificate indicating the individual's journey-status will be executed; the employer is under no further obligation to offer any additional records pertaining to the employment of the individual once this occurs.

All registered apprentices must be paid, at minimum, the wages set forth in the approved program Standards. Registered apprentices may be paid more than the Progression Steps/Journey Wages outlined within.

Total Workforce: _____

Total Journey-level Workers Employed: *Female:* *Minority:*

Projected total number of apprentices to be employed this calendar year:

This form must be signed by the employer and returned to the Community College prior to accepting any individual into employment as a Registered Apprentice.

Name of Employer Representative:

Signature: _____

Date:

Title:

Name of Company:

Address:

City/State/Zip Code:

Phone Number:

Email:



Chromebook Usage Agreement

This letter serves as a formal agreement between the Alliance for Working Together and the Student “Apprentice” participating in the AWT Apprenticeship Program.

The AWT is dedicated to temporarily providing a Chromebook to each apprentice that goes through the AWT Apprenticeship Program. This will allow the students to access their online curriculum and give them the necessary materials for success in the program.

I, _____ (Student Name), hereby agree that I will **not intentionally damage the Chromebook, use it for destructive purposes, and will return it once I complete the apprenticeship program or if I can no longer continue.**

If any damage occurs or the apprentice fails to return the Chromebook, the student (or their company) will be responsible for paying for repairs or the replacement of the Chromebook.

By signing this form, I hereby agree to all the above terms.

Student's Signature: _____ Date: _____

Program Manager: _____ Date: _____

Company Earn-and-Learn Identification Form

Thank you for participating in the Ohio Manufacturing Workforce Partnership training program. This form provides verification that the training provided within this Earn-and-Learn program satisfies all HALLMARKS OF PROGRAM QUALITY as required by the U.S. Department of Labor for the Scaling Apprenticeship grant.

COMPANY NAME _____

MANUFACTURING OCCUPATION _____
(e.g. Machinist, Tool & Die, Industrial Maintenance, etc.)

PROGRAM NAME (if any) _____

Please indicate program type:

☐ Registered Apprenticeship Program

If checking this option, scroll to bottom and sign. Please attach OJT and RTI descriptions.

☐ Non-Registered Earn-And-Learn Program designed to meet all Hallmarks identified below.

If checking this option, please complete the remainder of this form.

For Non-Registered Earn-and-Learn Programs: please check each box below to verify that this program will achieve ALL Hallmarks of Program Quality.

☐ **Paid work-based learning delivered by this company.** Earn-and-Learn programs must pay participant(s) at least the applicable Federal, state, or local minimum wage or a Federally-approved stipend under Federal wage requirements if otherwise applicable, and must describe wage progression requirements.

☐ **Earn-and-Learn program provides participant(s) the opportunity to gain upward mobility in the industry.** Examples of upward mobility include opportunities for pay increase, or a new position which will ultimately result in future advancement along a career pathway.

☐ **On-the-Job Training (OJT).** Participant(s) will have the opportunity to apply what he/she is learning in their RTI to his/her work through well-designed and structured work experiences.

☐ **Required for Registered and Non-Registered:** OJT Description or Checklist attached

☐ **Mentorship.** While learning on the job, the program will provide a mentor to support participant(s) and provide guidance on an industry or company culture, and industry or workplace policies and procedures.

☐ Check box if the participant will have a rotational mentor.

☐ **Related Technical Instruction (RTI) that advances participant(s) along a career pathway.** Educational and Instructional Component: Work-and-Learn program includes classroom or related instruction that is high-quality and adequate to help participant(s) achieve proficiency goals or earn credentials or certifications. As an important indication of quality, program must lead to an industry-recognized, nationally portable credential, and may also be designed to ensure that participant(s) receive college credit for classroom or related instruction.

☐ **Required for Registered and Non-Registered:** RTI Description attached

☐ **Obtainment of a Nationally-Portable Industry Recognized Credential.** Upon completion of the Work-and-Learn program, participant(s) will earn industry recognized credential(s) and the credential(s) will be portable.

CHECK TYPE OF INDUSTRY CREDENTIAL

- ☐ **CERTIFICATION:** Earned by individuals who pass a standardized assessment that recognizes an individual's knowledge, skill, or competency in a particular specialty in awarding a nationally-portable industry recognized credential. (examples: NIMS, AWS, MSSC)
- ☐ **NATIONALLY PORTABLE INDUSTRY RECOGNIZED CERTIFICATE** Issued by a Credentialing Entity Requiring Faculty Training Specific to the Certificate: e.g., SACA credential; NC3 credential; Advanced Manufacturing Certificates, such as FANUC
- ☐ **REGISTERED APPRENTICESHIP CERTIFICATE**

CHECK TYPE OF EDUCATIONAL CREDENTIAL

☐ **CREDIT BEARING SHORT-TERM / ONE-YEAR ACADEMIC CERTIFICATE:** Manufacturing certificate programs are a form of postsecondary education that usually require full-time, six-month to one-year of required courses or their part-time equivalent. Credit bearing certificates are granted after completion of study for specific occupations.

Academic technical certificates that have been approved by the Ohio Department of Higher Education (ODHE) and academic certificates that lead to a longer term academic pathway are suitable.

- ☐ **AA OR AS DEGREE**
- ☐ **BA OR BS DEGREE**

☐ **Name of the Credential** the individual will earn:

☐ **Employment meets standards for safety, supervision, and equal opportunity.** This Earn-and-Learn program has policies and procedures in place to ensure a safe working environment that adheres to all applicable Federal, state, and local safety, employment, and equal opportunity laws and regulations.

EMPLOYER SIGNATURE

DATE

Download form and open in Adobe to sign.

Apprentice Pay Schedule

Alliance for Working Together Foundation

Hours	Pay Increase	After
1000 hours	\$+.50	Semester 1
1000 hours	\$+.50	Semester 2
1000 hours	\$+.50	Semester 3
1000 hours	\$+.50	Semester 4
1000 hours	\$+.50	Semester 5
1000 hours	\$+.50	Semester 6
1000 hours	\$+.50	Semester 7
1000 hours	\$+.50	Semester 8



TechCred Reimbursement Instructions for the AWT Apprenticeship Program

STEP 1: Ensure that the TechCred Application period is open.

STEP 2: Go to the TechCred website: <https://techcred.ohio.gov/wps/portal/gov/techcred>

STEP 3: Click the “Apply” tab at the top of the website

STEP 4: Once on the apply page, then scroll down to the middle of the page in the “TechCred application” section and click the yellow “Apply” button

STEP 5: In order to complete the TechCred application, you must have an OH-ID account.

Please check with your HR Manager or company leadership to see if you have a pre-existing OH-ID account, if you do not have a OH-ID account, please create an “OH-ID” account for your company/ organization at this time

STEP 6: Once you log into your OH-ID account, click the Blue Lock symbol in the upper right-hand corner of the application, there you will see an eight-ten-digit number in the pop-up box. This is the number you will use in your TechCred application. Please note the TechCred application asks for a ten-digit number, so you or the online application may autofill two zeros before your eight digit number as placeholders to submit the TechCred application

STEP 7: Complete the business information portion of the application

Save and go back up to "Upload copy of the Ohio Secretary of State's (SOS) Business Detail Report", click the link to the right: "[Go to the Secretary of State's Office website](#)" Type the business name, click on Show Details once you find your business, go to the bottom of the page and click Print Details. The document will automatically download. Now go back to the Techcred application and upload the downloaded business details (Should be located in your downloads folder)

Save and click next to Training Plan

STEP 8: Once you get to the “Training Plan” portion of the application, click the “Add Credential” button

STEP 9: Once a box pops up, click the “Select credential” button. The credential category will be manufacturing technology and scroll down to select :

AWT Apprenticeship (Occupation)- Year

“AWT Apprenticeship Mold Maker - Year One” **or**

“AWT Apprenticeship Precision Machinist - Year One” **or**

“AWT Apprenticeship Tool Programmer / Numerical Control - Year One”

“AWT Apprenticeship Mold Maker - Year Two” Etc....

If Occupation and Year is not listed, Select "Credential not listed. I wish to submit an additional credential for review" and follow these instructions

STEP 10: Under the “Will this credential be completed:” section pick the “Combination of online/In-person”



STEP 11: Under the “Training Costs per Person (May include tuition, lab fees, manuals, textbooks) write \$2,150 (this is the cost of the AWT Apprenticeship training for one year with books).

STEP 12: Under full name of the Training Provider section put “The Alliance for Working Together Foundation” Type of Training Provider (TechCred will not reimburse employers for internally-provided training or credentialing programs unless the same program is offered to the public and the cost is verifiable.)” select “Other”

STEP 13: Under Reimbursement Amount Requested per Person write \$2,000

STEP 14: Fill out the Trainee Information section and select “Save and close”

STEP 15: If you have multiple apprentices going into the start of different years, you will go back to the “Training Plan” portion of the application, and click the “Add Credential” button to input the different year. Example: one apprentice is starting Precision Machining Year 2 of training and another apprentice starting Precision Machining Year 1 of training. Follow steps 8 through 14 twice.

STEP 16: Fill out the “Submit application section” and submit the application

STEP 17: The application will be approved within a month. You will get an email stating:

Application for Round # (Month Year) Has Been Approved for Funding.

Follow these steps to agree to funding

1. Go Here: <https://techcred.ohio.gov/apply>
2. Scroll down to "Review Application"
3. Log in, on the next page put in your tax ID
4. Click the View/Edit eye icon for Round #
5. Go to the Grant Agreement Tab
6. Click the boxes and Sign and Date, Submit agreement

If you run into any issues while filling out your TechCred reimbursement application, please email Kailyn Clarke, AWT Program Manager at Kailyn_Clarke@thinkmfg.com