

**BASIC MANUFACTURING OPERATIONS/ ROBOT SYSTEM OPERATIONS
APPLICANT'S CHECKLIST**

PLEASE PROVIDE THE FOLLOWING ITEMS FOR CONSIDERATION:

- 1) Completed and signed application
- 2) Copy of front and back of primary applicant's State of Michigan Driver's License or State Identification card
- 3) Copy of 1040 federal income tax return for 2021. Applicants 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.
- 4) Copies of all paystubs for the 2 months prior to application date, if currently employed.

Assistance is available to complete your application. Contact Rozina Doss (info below) with questions or for help completing your application.

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

Rozina Doss, Grant Coordinator

Office B-23

Gogebic Community College

E4946 Jackson Road Ironwood, MI 49938

Phone: (906) 307-1316

E-mail: rozinad@gogebic.edu

TECHNICAL JOB TRAINING APPLICATION

PLEASE ANSWER ALL QUESTIONS. Incomplete applications will be returned with the noted deficiencies and may not be eligible for review during the current funding cycle.

APPLICANT NAME: _____

PREFERRED NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

EMAIL: _____ PHONE: _____

BILLING ADDRESS (LEAVE BLANK IF SAME AS ABOVE):

GENDER: _____ GENDER IDENTITY: _____

ARE YOU RELATED TO AN EMPLOYEE OR OFFICIAL OF INVESTUP OR GOGEBIC COMMUNITY COLLEGE (circle one)? YES **OR** NO

IF YES, HOW ARE YOU RELATED? _____

HAVE YOU EVER HAD PRIOR TRAINING AT GCC (circle one)? YES **OR** NO

IF YES, WHAT WAS YOUR LAST NAME AT THE TIME? _____

JOB TRAINING COURSE OF STUDY AT GOGEBIC COMMUNITY COLLEGE (check one):

_____ Basic Manufacturing Operations Certification

_____ Robot System Operations Certification

COVID-19 HARDSHIP STATEMENT

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 Latinx
- Not Hispanic or Latinx

Choose one RACE:

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

**INVESTUP TECHNICAL JOB TRAINING GRANT APPLICATION
Financial Assistance**

INSTRUCTIONS

You are applying for technical job training grant assistance from Invest UP. 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.

Note: Assistance for eligible applicants will be paid directly to Gogebic Community College. NO REIMBURSEMENTS WILL BE MADE FOR COSTS PAID PREVIOUSLY.

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

Maximum income to receive assistance..... \$36,150

County of **Houghton**:

Maximum income to receive assistance \$36,200

County of **Keweenaw**

Maximum income to receive assistance \$37,550

County of **Marquette**:

Maximum income to receive assistance..... \$38,650

2021 Total Income (Line 9 on Form 1040 or 1040-SR) \$ _____

Did you file a 1040 federal tax return for the calendar year 2021? **YES or NO**

If **YES**, submit copies of each 1040 return with the application. If **NO**, complete the “**Affidavit with Respect to Taxable Income**” form at the end of this application.

CERTIFICATIONS AND AUTHORIZATION

I hereby certify that the statements made on this application are true and correct to the best of my knowledge. I understand that false statements or information are fraud and are immediate grounds for denial of assistance.

I understand that completing this application does not guarantee that I will be eligible for assistance through the technical job training grant program. I must complete the application process and be certified eligible before assistance can be provided. I understand that I am subject to all program guideline changes and that funding for the program is not guaranteed.

I understand that the information I 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.

Applicant must sign the application. If person other than applicant(s) signs the application, power of attorney documentation must be attached.

SIGNATURE

DATE

AFFIDAVIT WITH RESPECT TO TAXABLE INCOME FORM

(Complete only if you have NOT filed a 1040 tax return for year 2021)

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.

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

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SIGNATURE

DATE