

# TIF WORKS



## PROGRAM APPLICATION



**Lori E. Lightfoot**  
Mayor of Chicago

SECTION I  
Company Profile

Thank you for your interest in the TIFWorks program. This cover page offers a basic overview of the program and the application review process.

SECTION II  
Training Needs Assessment

TIFWorks funds workforce training initiatives for companies located in designated Tax Increment Financing districts. To get started on an application, contact the Department of Planning and Development's Workforce Solutions Division at 312-744-0042 to determine if your business is eligible.

SECTION III  
Training Proposal

Download the full application at [www.cityofchicago.org/TIFWorks](http://www.cityofchicago.org/TIFWorks), open the file in Adobe Reader, and review each of its six sections. Directions are listed at the top of each section.

SECTION IV  
Budget Summary

Applications are accepted year-round and subject to funding availability.

SECTION V  
Application Checklist




For further information about the program and eligibility requirements, please reference the Frequently Asked Questions section.

SECTION VI  
Frequently Asked Questions

# DPD

Department of Planning  
& Development  
121 N. LaSalle St.  
Room 1000

Chicago, Illinois 60602

   @ChicagoDPD

## TIFWORKS TIMELINE

Eligibility Review  
(1 week)

- DPD will offer technical assistance to discuss eligibility requirements, questions, and other additional concerns

Application Review  
(3-5 weeks)

- DPD will review the application, including all attachments listed in the Application Checklist section
- Applicant must submit all requested documents with the application in order for DPD to meet the outlined timeframe

Approval Process  
(4-5 weeks)

- DPD will provide its final recommendations and offer updates on the status of training proposals

Execution Process  
(4-5 weeks)

- DPD will send the award notification letter, which requests additional documents needed to execute the contract and secure funding

Project Term &  
Management  
(1 year)

- The project rolls out and training begins
- DPD will continue to monitor the approved project by processing invoices and finalizing the close-out report

Submission of a completed application with all supporting documents does not guarantee approval, and such application is subject to review, revision and/or rejection by DPD. Under certain circumstances, the approval process may exceed four months.

Directions:

Complete the Company Profile sheet by providing an answer to each item by entering the requested data or selecting an option from the drop-down menu, when applicable. Items with the red triangle will provide guidance; hover to review the comment.

## COMPANY PROFILE

1 Name of Company

2 Company Address   
Street Number Direction Street Name Street Type City, State Zip Code

3 Website

4 Name of Contact Person  Title of Contact Person

5 Contact's Phone Number  Contact's Email Address

6 Provide a brief description about your company below  What year was your company founded?

7 Provide a brief description of your organizational structure below

8 Using the three spaces below - list your company's annual revenues over the last three years (list the most recent year first)

This/Last Year's Revenue  1 year ago  2 years ago

9 Average hourly pay rate for full-time (FT) non-management employees  Average hourly pay rate for part-time (PT) non-management employees

10 Benefits for FT employees  Benefits for PT employees

11 Total number of FT employees at this site  Total number of PT employees at this site

12 Total number of FT employees for all locations/sites  Total number of PT employees for all locations/sites

13 How many FT employees will receive training?  How many PT employees will receive training?

12 How many FT employees that will receive training reside in Chicago?  How many PT employees that will receive training reside in Chicago?

14 Has your company received a business assistance grant from DPD in the past?

Choose YES or NO

Grant Year

Corresponding grant award dollar amount(s)?

15 In the spaces below, list the name of the training(s) your company is requesting. List up to ten trainings.

# **Training Needs Assessment**

The **Training Needs Assessment** is an analysis tool to identify the skill, knowledge and competency level of staff. This diagnosis will assist in determining what training(s) needs to take place by identifying the gaps between the employees' skills and the skills required to do the job. The assessment must be completed by key stakeholders of the company; the CEO, COO or CFO, the Human Resources Director or owner of the company.

**Directions:** In the spaces below, answer each question and demonstrate your responses in a quantitative format when possible. If a *Training Needs Assessment* was conducted by an outside entity (other than the Trainer), submit a copy as well.

**1) List the current strategic goals for your company.**

**2) Describe in specific circumstances how the company's strategic goals have been affected by lack of training and/or external factors. (Provide quantitative data such as the impact on waste, incurred costs, or other losses the company has suffered).**

**3) Identify the tasks that trainees must perform but cannot due to lack of skill development.**

**4) What is the impact of the proposed training(s) on the specific jobs and/or positions?**

**5) How will the proposed training(s) close the gap between the current state of your company and your strategic goals?**

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**Print Name, Title**

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**Signature**

**Directions:**

Complete a separate TRAINING PROPOSAL for each of the requested training(s) identified in question 14 on the Company Profile page.

Training for incumbent (existing) workers must be completed within nine months.

Attach a copy of the training CURRICULUM for each proposed training.

Complete the BUDGET for the training proposal itemizing the expenditure(s) associated with this requested training and provide a quote/cost estimate when possible. For further instruction, hover over the red triangle(s).

## TRAINING PROPOSAL 1

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**   
**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**   
**Number of Coaching Hours**  **List the number of staff (trainees) that are existing employees**   
**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/Positions of the Trainees**

9 **Wages During OJ**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

### BUDGET

*Be advised, allowable costs that qualify for reimbursement are at the sole discretion of DPD and subject to approval.*

Name of Item/Expenditure	Unit Cost or Hourly Rate of Training	Itemized Training Hours	Itemized Number of Employees to be Trained	Total Cost for this Item/Expenditure	Is there a quote or cost estimate attached? Yes/No
1					
2					
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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>				-	

## TRAINING PROPOSAL 2

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number    Direction    Street Name    Street Type    City    State    Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number    Direction    Street Name    Street Type    City    State    Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching Hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

### BUDGET

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					

# TRAINING PROPOSAL 3

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching Hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

## BUDGET

*Be advised, allowable costs that qualify for reimbursement are at the sole discretion of DPD and subject to approval.*

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					

# TRAINING PROPOSAL 4

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching Hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

## BUDGET

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					

# TRAINING PROPOSAL 5

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching Hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

**BUDGET**

*Be advised, allowable costs that qualify for reimbursement are at the sole discretion of DPD and subject to approval.*

Name of Item/Expenditure	Unit Cost or Hourly Rate of Training	Itemized Training Hours	Itemized Number of Employees to be Trained	Total Cost for this Item/Expenditure	Is there a quote or cost estimate attached? Yes/No
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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					



# TRAINING PROPOSAL 6

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching Hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

**BUDGET**

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					

# TRAINING PROPOSAL 7

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching Hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

## BUDGET

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					

# TRAINING PROPOSAL 8

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

## BUDGET

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					

# TRAINING PROPOSAL 9

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number    Direction    Street Name    Street Type    City    State    Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number    Direction    Street Name    Street Type    City    State    Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of staff (trainees) that will receive OJT as a new hire**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

**BUDGET**

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					

# TRAINING PROPOSAL 10

1 **Name/Title of Training**

2 **Address of the Training Location**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

3 **Name of the Training Provider**

4 **Address of the Training Provider**   
Street Number      Direction      Street Name      Street Type      City      State      Zip Code

5 **Training Level**

6 **On the Job Training (OJT) Hours**  **List the number of new hires to be trained**

**Number of Classroom Hours**  **List the number of new jobs that will be created as a result of this training**

**Number of Coaching hours**  **List the number of staff (trainees) that are existing employees**

**Combined Number of Training Hours**  **List the number of staff (trainees) that will take this training**

7 **Training Schedule**

8 **Title/positions of the Trainees**

9 **Wages During OJT**  **Wages after OJT is completed**

10 **Rank your need for this specific training, relative to other training requests, from 1 (highest) to 10 (lowest).**

## BUDGET

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<b>TOTAL COST OF EXPENDITURES FOR THIS PROPOSAL:</b>					



**Directions:**

Check the box if you are submitting the requested document with the application. If all documents are not submitted with the application, it will result in a delay in the timeline.

## APPLICATION CHECKLIST

Number	Attachments to be submitted by the Applicant	Checkbox
1	Copy of your current City of Chicago Business License	
2	Copy of the Curricula/Course Description of each requested training	
3	Resume from each person that will facilitate and/or provide training	
4	Cost Estimate/Quote for expenditures listed within the budget	
5	Participant Status Report (PSR)	

# TIF WORKS



## FREQUENTLY ASKED QUESTIONS



**Lori Lightfoot**  
Mayor

### What is TIF?

TIF stands for tax increment financing. A TIF district is a geographic location where tax increment financing can be used. A tax increment is the difference between the amount of property tax revenue generated before the creation of a TIF district and the amount of property tax revenue generated afterwards. For more information, visit [www.cityofchicago.org/tif](http://www.cityofchicago.org/tif).

### What is TIFWorks?

TIFWorks is an innovative program that utilizes TIF dollars to finance job training programs for small and mid-sized Chicago companies that commit to training new and/or incumbent workers. The program is available in TIF districts across the city, however, funding may be limited

### Who is eligible for TIFWorks?

- A company or business that is located within, expanding into or relocating to an eligible TIF district with available funding
- A group of employers with common training needs that will train and place trainees into a business or businesses located within an eligible TIF district
- A non-profit organization, such as an industrial council, community development corporation, business/trade association, labor organization or training provider that will train and place trainees into a business or businesses located within an eligible TIF district

The primary consideration for funding will be given to businesses that demonstrate training will make them more competitive and directly benefits Chicago residents.

### What type of applicant is suited for TIFWorks?

Manufacturing firms are the most common, but truly any business that can demonstrate that workforce training will make them more competitive is eligible to apply. Nonprofit organizations can also apply on behalf of multiple organizations, and can even facilitate the training themselves.



## What training activities are eligible under TIFWorks?

The proposed training activities must fulfill a specific job or skill related workforce need and benefit full-time and part-time, permanent employees (temporary employees are not included).

The skills acquired through the proposed training program are directly related to job or business performance and occupations.

Training can be aimed at any job classification or standardized industrial classification (SIC) code offering enhanced or new skills to incumbent or new workers, particularly in support of:

- New or additional product lines
- New machinery or equipment
- New or changing technology being introduced into the workplace
- Businesses expanding into new markets
- Occupationally- or industry-mandated training related to regulatory compliance
- Curriculum customized for a particular employer or group of employers
- Work-based basic and/or remedial training designed to improve specific job performance
- Work-based English-as-a Second Language (ESL) instruction to improve communication and performance of employees, and
- Workplace skills gap assessments and related activities (e.g., Work Keys), only when included with or followed by training resulting directly from those assessments or activities

Training types may include classroom training, on-the-job training, seminars, workshops, pre-packaged training courses, etc.

## What training activities are not eligible under TIFWorks?

- Human Resource administration practices, including but not limited to compensation systems, administration, and benefits, employee discipline procedures, interviewing or diversity training
- Educational degree programs, including General Equivalency Degree (GED) programs
- Consulting services not related to workforce training under this Program

- Stand-alone basic and/or remedial skills training (i.e., without a vocational training/occupational focus)
- Reviews of internal company systems such as total quality management or continuous improvement activities (unless resulting from a workplace skills gap assessment to identify training needs) and
- Non-job related training

## What are allowable costs under TIFWorks?

Allowable costs must be directly related to the implementation of the program and must be identified by the applicant and approved by the City. The City reserves the right to accept all or a portion of the funding application. The following costs are eligible for reimbursement through the TIFWorks Program:

- Administrative costs: tracking, reporting, documenting, processing and auditing funds or project costs related to the implementation of the TIFWorks Program
- Counselor and instructor costs (wages, hourly rate)
- Tuition and fees
- Training supplies and materials (manuals, workbooks, videotapes and other materials which are used for training purposes only)
- Training equipment rental (subject to approval)
- Costs of developing curriculum. The City will only pay for the costs of curriculum development when such curricula are judged by the City to be necessary for the proposed training program. If approved for funding, such curricula are considered to be in the public domain. If the City approves funding for curriculum development, the Department is free to distribute this material to any training provider it deems appropriate but will remove on a reasonable basis any information proprietary to the company
- Off-the-shelf curriculum

Administrative costs may not exceed 15 percent of total project costs.

## How can a business or organization apply for TIFWorks?

Contact the Workforce Solutions Unit of the Department of Planning and development at 312-744-0042 to determine TIFWorks eligibility and receive technical support.