

ALABAMA WORKFORCE STABILIZATION PROGRAM

ALABAMAWORKS EMPLOYER TRAINING ASSISTANCE REQUEST

Company Impacted by COVID



Application Date 9/27/22 Company Name/Address City of Foley, 407 Laurel Ave, P.O. Box 1750 Foley, AL 36536

Parent Company Name, Address _____ County Baldwin FEIN 63-6001263

Company Contact Name Kelly O'Donnell Email kodonnell@cityoffoley.org

Office Number 251-943-1545 Cell Number N/A Description/Type of Business Transportation/Distribution Industry

Number Full-Time Employees 340 Company has been informed of MHPA/Vital: YES NO

Company wage for Occupational Title(s) is \$12.00 per hour or more: YES NO

*Minimum required wage paid to an employee must be \$12 per hour or more. Wages cannot be averaged. Wages and benefits cannot be combined.

Company Provides Benefits YES NO Company subject to Collective Union Bargaining YES NO

Employer has valid Workers Comp Coverage YES NO Agreement Do you have Non-English speaking employees YES NO

AWSP JOB POSITION AND COST OUTLINE

Training Occupational Title	Type of Training	Requested Start Date	# of Trainees	OJT Hours per Trainee	Total OJT Hours	Hourly Trainee's Pay	Total Cost	Reimbursed Cost
Refuse/Recyclable Materials Collectors	New Hire	10/11/22	2	225	450	\$ 9.00	\$ 4,050.00	\$ 4,050.00
O*NET 53-7081.00	New Hire				0		\$ 0.00	\$ 0.00
	New Hire				0		\$ 0.00	\$ 0.00
OJT Reimbursement rate - \$ 9.00							\$ 4,050.00	\$ 4,050.00

Training Occupational Title	Type of Training	Requested Start Date	# of Trainees	Hourly Trainee's Pay	Reimbursed Cost
	IWT				
	IWT				
	IWT				

Total AWSP Reimbursement = **\$ 4,050.00**

\$ 0.00

Notes: Training needed for new City of Foley workers

AGREEMENT TO PARTICIPANT

Name & Title of Employer Representative Kelly O'Donnell, HR Specialist

Signature Kelly O'Donnell Date 09/27/22

SHADED AREA TO BE COMPLETED BY REGIONAL REP

Training Provider City of Foley Contact Name Kelly O'Donnell

Phone Number 251-943-1545 Email kodonnell@cityoffoley.org

Location of TA/IT Onsite Location of Training City of Foley, 407 Laurel Ave, P.O. Box 1750 Foley, AL 36536

BSR Case Manager Kristi Mitchell Phone Number 251-943-1575 Email kristi.mitchell@alabamaworks.gov

NAICS Code(s) Assigned to Company 921110
(B Digi North American Industry Classification System)

Certificate/Credential Achieved from Training Transportation/Distribution In Company 6-verify Completed YES NO

NAME & TITLE OF TRAINING REPRESENTATIVE _____ SIGNATURE _____ DATE _____

NAME & TITLE OF REGIONAL REPRESENTATIVE Bridget Wilson, Executive Director SIGNATURE _____ DATE _____

APPROVAL STATUS: Approved for Training Referred for Technical Assistance

If referred for technical assistance see notes section on reverse.