TechCred Innovation Engineering Fundamentals Application Step-by-Step

- 1. Goto this link and click on the Apply button: https://techcred.ohio.gov/wps/portal/gov/techcred/apply
- 2. Login here: <u>https://ohid.ohio.gov/wps/portal/ohid/business/login/</u> If you do not have an account, hit the **Create New Account** button.
- 3. Enter Federal Tax ID.
- 4. Click + New Application button.
- 5. Enter Ohio **Supplier ID**. If you need to create one by registering as a new supplier go to https://supplier.ohio.gov and follow the prompts. Creating a new ID may take 7+ business days, so do this ASAP!
- 6. Enter business and contact information, including **Ohio Charter Number**. If you do not know your Ohio Charter Number, search for your organization here: <u>https://businesssearch.ohiosos.gov/</u> It is your Entity #.
- 7. Click the **Next** button to go to **Training Plan**. Note that at any time, you can **Save**. If you Save, you can exit and go back in and finish later.
- 8. Click + New Credential button.
- Click Select Credential. Choose Business Technology from the dropdown, and select Innovation Engineering Blue Belt Certificate. If you have trouble finding it, you can start typing it in, and it should pop up.
- 10. Answer "Will this credential be completed:" by selecting Online (online required for groups of less than 9). Online is preferred by TechCred. If an in-person 2-day session is required, you can select Combination Online/In Person (must plan for proper social distancing and other precautions). However, Online with cohort for groups or 4 to 20 students works very well and is recommended.
- 11. Enter Expenses per Person:
 - Training Cost per Person: \$3,000
 - Full Name of Training Provider: Eureka! Ranch International, Ltd.
 - Type of Training Provider: Private Training Provider
 - Reimbursement Amount Requested per Person: \$2,000

12. Enter Trainee Information:

- Number of Incumbent Employees Who Will Earn the Credential (employees currently on your payroll)
 - Number of Incumbent Employees Who Will Earn the Credential (employees currently on your payroll)
 - Average Current Hourly Wage (before benefits and bonuses)
 - Average Expected Hourly Wage After Credential Earned (before benefits and bonuses)
- Number of Prospective Employees Who Will Earn the Credential (employees to be hired)
 - Number of Incumbent Employees Who Will Earn the Credential (employees currently on your payroll)
 - Average Current Hourly Wage (before benefits and bonuses)
 - Average Expected Hourly Wage After Credential Earned (before benefits and bonuses)
- 13. Click Update & Close.
- 14. Click the **Next** button to go to **Submit Application**, and enter information.
- 15. Click the **Save** or **Submit** button when you are certain you have all the information completed. If you Save, you can come back and Submit later, but it must be by the deadline (currently August 31, 2020 at 3pm).
- 16. See application screen shots on the following pages. If you need help, contact Lydia Carson (<u>lydia@eurekaranch.com</u>, 513-509-6405).

hio TechC	red®	TechCred Application	Y ap	ou MUST start your TechCred plication and confirm or obtain
APPLICANT INFORMATION	TRAINING PLAN	SUBMIT APPLICATION	your b	Supplier ID AT LEAST one weel
🗉 Business Inforn	nation			
• Questions • For more	regarding the applicati information about the T	ion? Please contact <i>techcred@developmen</i> FechCred program, please visit <i>TechCred.C</i>	nt.ohio.gov. Dhio.Gov.	
Supplier ID: Applications cannot be approved w Supplier ID. When registering as a business name must be identical to registered with the Ohio Secretary Office and the address must match in this application.	vithout a valid Supplier, the o how it is of State's h what is listed			 * Applicant companies must be registered as a supplier with the State of Ohio to be reimbursed for approved training costs. * To register as a new supplier or update and existing account with the State of Ohio visit https://supplier.ohio.gov and follow the prompts until completed. * Once this information has been approved, you will receive a ten-digit State of Ohio Supplier ID number that you will enter into the application below. * Questions regarding the Ohio Supplier ID number? Please contact Ohio Shared Services Contact Center at (877) 644-6771 or email ohiosharedservices@ohio.gov. Please Note: Your Supplier ID Number must be emailed to TechCred@development.ohio.gov by July 10, 2020 in order for your application to be valid.
* Federal Tax ID: *Are you a government entity	No		* *	A government entity is the legal term for a local governing body, including (but not necessarily limited to) cities, counties, towns, townships, charter townships, villages, and boroughs. A Public Entity, for the purposes of the TechCred Program, will include public training institutions.
* Business Name: Business name must be identical to registered with the Ohio Secretary Office.	o how it is of State's			
* I have verified this is the bu	isiness name as registe	red with the Ohio Secretary of State's Offi	ice: 💿 Yes (⊃ No
* Ohio Charter Number: This number is referred to as the E on the Ohio Secretary of State's Bu Portal. This field must be 7 digits; number is 6 digits, please add a ze digit.	Entity Number Isiness Filing if your entity rro as the first			
Minority Owned Business:				
Woman Owned Business:				
hio TechCr	ed®	TechCred Applicat	ion	EXAMPLE: This is an application for 1 employe

						ake ie diu	e Deil
APPLICANT INFORMATION TRAINING PLAN		NG PLAN SUBMI	SUBMIT APPLICATION				
 To view/edit any existing Credential, please click "View/Edit" in that particular row. To delete any existing Credential, please click "Delete" in that particular row. Questions regarding the application? Please contact techcred@development.ohio.gov. For more information about the TechCred program, please visit TechCred.Ohio.Gov. 							
Credential Name	Reimbursement Amount per Employee	Number of Incumbent Employees	Number of Prospective Employees	Total Number of Employees	Total Reimbursement Amount	Status	Actions
Innovation Engineering Blue Belt Certificate	\$2,000.00	1	0	1	\$2,000.00	Not Submitted	View/Edit
Total Reimbursement Amount Requested = \$2,000.00 Total Credentials Requested = 1							
`			*Maximum Amount Ma	ny Not Exceed \$30,000			

Add Credential					
		Aud Credential			
Credential					
Credential					
Innovation Engineering Blue Belt Certificate		Select Credential			
Credential Category : Business Technology Credential Type : Certificate					
*Will this credential be completed:					
Online	\$				
Expenses per Person					
			*Type of Training Provider (Eligible training providers include: universities, community colleges, technical centers, and private train- ing providers. TechCred will not reimburse employers for internal training or credential-		
*Training Cost per Person (May include tuition, lab fees, manuals	. textbooks)	* Full Name of Training Provider	ing programs unless the same program is of- fered to the public and the cost is verifiable.)		
\$3,000.00	,,	Eureka! Ranch International, Ltd.	Private Training Provider		
		*Reimbursement Amount Requested per			
*Total Actual Cost per Person		Person	Employer Contribution per Person		
35,000.00		\$2,000.00	\$1,000.00		
Trainee Information					
*Number of Incumbent Employees Who Will Earn the Cre- dential (employees currently on your payroll) *Average Curr		ent Hourly Wage (before benefits and bonuses)	*Average Expected Hourly Wage After Credential Earned (be- fore benefits and bonuses)		
1	\$25.00		\$25.00		
*Number of Prospective Employees Who Will Earn the Cre- dential (employees to be hired)					
*Total Number of Employees Who Will Earn the Credential	Total Reimburs	ement Amount Requested	Total Employer Contribution		
1 \$2,000.00			\$1,000.00		
		Update & Close × Cancel			
APPLICANT INFORMATION TRAINING PLAN	SUBMIT APPLI	ICATION			
Submit Application					
 To Submit your application, pleas Once all the mandatory fields are Questions regarding the applicat For more information about the 	se read and c e completed, ion? Please c TechCred pro-	lick each item below, confirming you ha click "Submit" to submit the applicatio ontact <i>techcred@development.ohio.gov</i> gram, please visit <i>TechCred.Ohio.Gov</i> .	ve reviewed and accepted each category. n.		
Terms and Conditions * I have read and accept the Terms and Conditions.					
Program Guidelines * I have read and accept the Program Guidelines.					
Liabilities * I understand that the Ohio Development Services Agence	cy reserves the ri	ight to hold any pending applications due to the a	applicant being delinquent or non-complaint under any other		
agreement with the Ohio DSA, or has any outstanding tax or EPA liabilities with the State of Ohio.					
Confidentiality * Grantor must maintain the confidentiality of payroll data submitted by the Applicant as part of this Application pursuant to O.R.C. 1347.15(H) and/or other governing statutory authority or provisions with respect to this Application and subsequent Agreement.					

*

Reimbursement Reques	5				
* I, Name	understand that when requestir last four digits of their SSN and reimbursement without this info	understand that when requesting reimbursement, the company will be required to provide the trainees' last four digits of their SSN and date of birth. Completed credentials will not be approved for reimbursement without this information.			
COVID-19 Response * * I, Name	certify that our company is prior programs that are in compliance recommendations when in-pers	ritizing the health and safety of our employees by using training e with the Ohio Department of Health and Center for Disease Control on training programs are necessary.			
* I, Name	*, Title	certify that all of the information contained in this application is a true and accurate representation of the proposed training projects(s).			
	← Previous × Cancel				