

AMP'D Iowa Assurance and Risk Assessment Program Plan

By application submission, the applicant attests the information provided is a true and accurate representation of the business. The applicant acknowledges that if awarded, The AMP'D Iowa program would provide partial reimbursement for expenses directly related to providing training for new or current employees as identified in the contract agreement.

General Program Information

1. Will the training include any of the following: (Please select all that apply)

- ☐ AI-assisted training
(intelligent feedback for personalized learning path, AI tutoring, automated quizzes, etc)
- ☐ Virtual/immersive training
(simulated environment to practice real-world skills, i.e. VR headset or 3D trainer)
- ☐ On-the-job learning (OJL)
- ☐ Classroom Coursework (in-person)
- ☐ Classroom Coursework (virtual)
- ☐ Equipment-specific training *(if so, provide description of the equipment and the purpose)*

Further Explanation: _____

2. Expected number of employees participating in the training at a single time: _____

3. Expected number of training cohorts this proposal includes: _____

4. What is the NAICS Code associated with this business for this application: _____

Eligibility Confirmation

5. Please confirm the following by checking each box:

- ☐ No permanent layoffs in the past 6 months
- ☐ Not in bankruptcy or pre-bankruptcy
- ☐ Not in arrears with taxes or debts to the State of Iowa

6. Employer Size Tier (for reimbursement rate):

- ☐ <250 employees (80%)
- ☐ 250–499 employees (65%)
- ☐ 500+ employees (50%)

7. Product or area of focus within the advanced manufacturing sector: _____

Applicant Signature: _____ Date: _____