



## ***Veterans Employment Training Program (V.E.T.)***

### **2013 Business Partner Application Packet**



*Be a Hero to a Veteran!*

***Community Action Partnership of Riverside County***

**Attn: Veterans Employment Training Program (V.E.T.)  
2038 Iowa Avenue, Suite B-102  
Riverside, CA 92507**

**Phone: 951-955-4900 or Toll Free 800-511-1110**

**TTY: 951-955-5126 Fax: 951-955-1399**

**E-mail: [info@capriverside.org](mailto:info@capriverside.org)**

**[www.capriverside.org](http://www.capriverside.org)**



## VETERANS EMPLOYMENT TRAINING PROGRAM (V.E.T.)

### *Honor a Veteran*

Thank you for your interest in applying for the Veterans Employment Training Program (V.E.T.). Community Action Partnership of Riverside County (CAP Riverside) is recruiting businesses to participate in a new on-the-job training program designed to provide skill development and work experience to low-income veterans. CAP Riverside and its partners will provide V.E.T. participants with on-the-job training opportunities and job-related education support. Participating employers are encouraged to offer regular employment to their veteran upon completion of the program.

#### ***Benefits for Veterans***

- Paid training and work experience (40 hours a week)
- Personal life / job skills coaching and mentoring
- Opportunity for regular employment
- Matched savings incentive (Participant Saves \$100 and CAP Riverside and Business Partner each contribute \$100).

#### ***Benefits for Employers***

- Be recognized for community economic development and participation
- Become a business role model of helping local veterans
- Position's salary is 100% reimbursed

**To learn more, contact**

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Please complete and sign the attached forms:

**Attachments**

1. Business Partner Application Form
2. Training Plan for Program Participant
3. W-9 Form

**Instructions:**

1. Complete Business Partner Application
2. Write a training plan for the position being considered (requirements of job, what they will learn, any special training, etc.)
3. Complete W-9 form
4. Scan, fax, email or mail completed documents, each with original signatures:

CAP Riverside  
Attn: V.E.T. Program  
2038 Iowa Avenue, Suite B-102  
Riverside, CA 92507  
Fax: 951-955-1399  
E-mail: [info@capriverside.org](mailto:info@capriverside.org)

**(Note:** Registration with Dun and Bradstreet and the Central Contractors Registry is free. In order to do business with a program funded by federal dollars, you will need to show proof that you have a current registration. Visit [www.sam.gov](http://www.sam.gov) for one-stop registration for both or to print proof of existing registration.



## VETERANS EMPLOYMENT TRAINING PROGRAM (V.E.T.) BUSINESS PARTNER APPLICATION

Name of Business: \_\_\_\_\_

Type of Business:

Public   
  Private (for-profit)   
  Non-Profit   
  Other \_\_\_\_\_  
(Letter of Authorization from Board of Directors required)

Address: \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal Tax Identification Number (TIN): \_\_\_\_\_

Dun and Bradstreet Universal Number (DUNS): \_\_\_\_\_

Central Contractor Registration (CCR): Cage Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner Name: \_\_\_\_\_

V.E.T. Program Supervisor Name: \_\_\_\_\_

I have: Liability Insurance  Yes  No    Workers Compensation Insurance  Yes  No

Have you previously registered as a vendor with the County of Riverside?  Yes  No    Year? \_\_\_\_\_

Name of the authorized signer(s) for your organization? \_\_\_\_\_

What service(s) does your business provide?  
\_\_\_\_\_  
\_\_\_\_\_

What are the business days/hours of operation (example: 8 a.m. – 5 p.m., closed, etc.)?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Authorized Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For CAP Use Only**

Program Manager Signature: \_\_\_\_\_

Executive Directors Signature: \_\_\_\_\_



## VETERANS EMPLOYMENT TRAINING PROGRAM (V.E.T.) BUSINESS PARTNER APPLICATION

### Training Plan for Program Participant (one plan per position)

Business Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Schedule (e.g. M – F; 8:00 A.M. – 5: P.M.) : \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Identify the primary training goals for this position (please provide at minimum 3 goals):

1. .
2. .
3. .

Identify the primary responsibilities of this position (please provide at minimum 5):

- 1.
- 2.
- 3.
- 4.
- 5.

What internal and external training will you provide to your veteran?

- 1.
- 2.
- 3.
- 4.

Authorized  
Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_



## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>																									
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.