

## **Workforce Investment Act (WIA) On-the-Job Training (OJT) (Employer)**

WIA –OJT is a program designed to stimulate the hiring, training, and retraining of individuals in need of these services. Any employer in the public, private non-profit, or private sector may be eligible to participate. Through the OJT contract, occupational training is provided for the WIA participant in exchange for the reimbursement of up to 50 percent (50%) of the wage rate for an allotted number of hours to compensate for the employer's costs. All trainees entered into the WIA-OJT program must be certified, in person, as eligible by Workforce Development. Once trainees have been certified as eligible and hired by the employer, reimbursement begins and continues until the allotted training time expires.

The employer profits by using WIA-OJT. With 50 percent (50%) reimbursement of the training wage, the expense of training an untrained person is offset. Training times for each job are designed to get the trainee through that part of the training that is most costly. The trainee profits by being able to compete with persons who have experience in the job market. Thus both employer and trainee profit from the WIA-OJT program.



**RESOLUTION OF BOARD OF DIRECTORS**

**(Name of Corporation)**

Be it resolved by the Board of Directors of \_\_\_\_\_  
a corporation organized and existing under the laws of the State of \_\_\_\_\_  
and domiciled in \_\_\_\_\_, that \_\_\_\_\_ is  
hereby authorized to sign any and all contracts and/or agreements with the City of  
Shreveport Workforce Investment Act on behalf of this corporation.

That I, \_\_\_\_\_, \_\_\_\_\_, hereby certify  
(Name) (Position of Authority)

That the above and foregoing resolution is a true and correct copy of a resolution of  
The Board of Directors of this corporation which was passed at a meeting, duly call  
on \_\_\_\_\_ at which a quorum was present. The foregoing  
resolution has been entered into records of this corporation, has been rescinded  
or modified, and remains in full force and effect on this date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**WITNESSES:**

\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX 2-AFFIDAVIT ATTESTING THAT CONTRACTOR, LEGAL ENTITIES OF  
CONTRACTOR DO NOT OWN ADJUDICATED OR LIEN PROPERTY**

BEFORE ME, the undersigned Notary Public duly qualified and commissioned, came and appeared

\_\_\_\_\_ authorized representative of  
\_\_\_\_\_ with a Federal I.D. Number of:  
\_\_\_\_\_ and with a current e-mail address of:  
\_\_\_\_\_ who does hereby state as follows, to-wit:

- 1.0 Contractor does not own any property which is adjudicated to the City of Shreveport or which has demolition liens, grass cutting liens, or any other property standards liens on it. For purposes of this subsection, the term "Own" shall mean to be the last record owner of the property prior to a tax sale or adjudication.
- 2.0 Contractor does not own more than 25% of a legal entity that owns any property which is adjudicated to the City or which has demolition liens, grass cutting liens, or any other property standards liens on it.
- 3.0 Contractor has paid all taxes, licenses, fees, and other charges which are outstanding and due to the City.
- 4.0 Contractor will provide written notification to the City's Purchasing Agent not later than the next work day after any of the above statements becomes invalid.
- 5.0 This affidavit shall expire one year from the date shown below unless renewed by the contractor.

THUS DONE AND PASSED before me, Notary, on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_ Seal: \_\_\_\_\_  
Signature

IDENTIFICATION NUMBER: \_\_\_\_\_

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Note: The notary identification number is required. The City of Shreveport also requires an original seal.

This affidavit is required to document compliance with **City Ordinance 26-211**. If you have any questions, please call Mary Fuller at 318/673-5458 or call 318/673-5450. Please mail original affidavit with notary seal to: Purchasing Affidavit, P.O. Box 31109, Shreveport, LA 71130. Do not submit with your bid. **We will not be allowed to issue your firm a purchase order or payment until a properly executed original affidavit is returned.**

**An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number, and is used to identify a business entity. You will need an EIN if you answer "Yes" to any of the following questions.**

- **Do you have employees? YES NO**
- **Do you operate your business as a corporation or a partnership? YES NO**
- **Do you file any of these tax returns: Employment, Excise, or Alcohol, Tobacco and Firearms? YES NO**
- **Do you withhold taxes on income, other than wages, paid to a non-resident alien? YES NO**
- **Do you have a Keogh plan? YES NO**
- **Are you involved with any of the following types of organizations?**
- **Trusts, except certain grantor-owned revocable trusts, IRAs, Exempt Organization Business Income Tax Returns**
- **Estates**
- **Real estate mortgage investment conduits**
- **Non-profit organizations •Farmers' cooperatives**
- **Plan administrators**
- **YES NO**
  
- **To apply click here: [Federal Tax Identification Number](#)**

## How to Apply for an EIN

- **Apply Online**

The Internet EIN application is the preferred method for customers to apply for and obtain an EIN. [Click here to get started](#)

- **Apply By EIN Toll-Free Telephone Service**

Taxpayers can obtain an EIN immediately by calling the Business & Specialty Tax Line at (800) 829-4933. The hours of operation are 7:00 a.m. -10:00 p.m. local time, Monday through Friday.

- **Apply By FAX**

Taxpayers can FAX the completed Form SS-4(PDF) application to their state FAX number (see Where to File -Business Forms and Filing Addresses), after ensuring that the Form SS-4 contains all of the required information.

- **Form SS-4 / [Click here to get started](#)**

- **Address - [Click here to get started](#)**

- **Apply By Mail**

The processing timeframe for an EIN application received by mail is four weeks. Ensure that the Form SS-4(PDF) contains all of the required information.

- **Other Important Information**

- **Third Party Authorization**

The Third Party Designee section must be completed at the bottom of the Form SS-4. The Form SS-4 must also be signed by the taxpayer for the third party designee authorization to be valid. The Form SS-4 must be mailed or faxed to the appropriate service center.

## Which employers must pay unemployment compensation tax?

- Every employing unit operating in Louisiana is required to complete and submit an Employer [Application for LA Unemployment Account, \(Status Report\), LWC-ES1web\(PDF\)](#) for an official determination of liability or non-liability of its operations under the Louisiana Employment Security Law.
- [Click here to get started](#)

**INSTRUCTIONS FOR OBTAINING A  
VENDOR'S APPLICATION  
AND COMMODITY CODES  
FOR THE CITY OF SHREVEPORT  
WEB SITE ADDRESS: WWW.SHREVEPORTLA.GOV  
TO OBTAIN AN APPLICATION  
[Click here to get started](#)**