



RI Work Immersion for RI College Students and Recent RI College Graduates

Pre-Approval Form

Fiscal Year 2017: August 1, 2016 – June 30, 2017

The RI Work Immersion Program provides 50% wage reimbursements to RI employers that provide internships to college students and recent college graduates in RI.

The employer must submit a completed pre-approval form and signed federal W-9 form (for the employer) to Sherri Carello of the Governor's Workforce Board at sherri.carello@dlt.ri.gov. Funds will not be awarded for any wages paid prior to approval of the proposed paid internship. Pre-approval will be granted within two weeks of receipt of the form.

WI-17- _____

Part I – To be completed by employer

To find an interested college student or recent college graduate, [contact the career center of any college or university in Rhode Island](#), or to go to: <https://bRIdge.jobs>.

Employer Eligibility Requirements:

- For-profit, not-for-profit, or public sector employers doing business in RI
- Must be registered with the RI Secretary of State's Office ([Click here to check if your company is registered](#)); and
- Has not had more than 10 work immersion participants (students and/or unemployed adults) per fiscal year

Employer: _____ NAICS code (www.naics.com/search/): _____

Street address: _____ City: _____ State: _____ Zip: _____

Contact person: _____ Job title: _____

Email: _____ Phone: _____ ext. _____

Fax: _____

Intern Eligibility Requirements:

- Must be at least 18 years of age; and be
- Currently matriculating in a college or university located in Rhode Island; or
- Graduated from a college or university located in Rhode Island in the last six months
- Has not previously completed 400 hours in the Work Immersion Program

Intern first name: _____ Intern last name: _____

Intern street address: _____ City: _____ State: _____ Zip: _____

Intern Email: _____ Intern Phone: _____

Intern Social Security #: _____ Intern Date of Birth: _____

By providing the Governor's Workforce Board with this Social Security Number, I acknowledge that the board may utilize it to obtain wage records from the Department of Labor and Training for the sole purpose of preparing statistical data to determine the efficacy of the training program in which they was involved. It is understood that the Social Security Number will remain confidential and will not be disclosed to any other person or entity for any reason whatsoever.

Part I Continued – To be completed by employer

Intern Gender (optional):

- Male
- Female

Intern Age:

- 18-24 years old
- 25-54 years old
- 55+ years old

Intern Ethnicity (optional):

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Hispanic/Latino
- Other/Multiracial

Internship Eligibility Requirements:

- Internship must be 45-400 hours of paid employment for 20 consecutive weeks or less
- Pay an hourly wage no less than the RI minimum wage and no more than \$20 per hour
- Provides the student with a meaningful learning opportunity by increasing the student’s career awareness, technical skills, professional knowledge, or work-readiness skills.

Job title: _____ Location: _____

*Start Date: _____ *End Date: _____ *Hourly rate (max. wage rate = \$20/hour): _____

*Total hours of internship (maximum 400): _____

**** must be provided or your application will not be processed***

Job duties: _____

In what ways will this internship be a “meaningful learning opportunity”? (check all that apply)

- Will increase student’s career awareness
- Will increase student’s technical skills
- Will increase student’s professional knowledge
- Will increase student’s work-readiness skills

Does this internship have the potential to result in the student being hired by you? Yes No

Has your company previously provided *paid* internships to a college student? Yes No

Has your company previously provided *unpaid* internships to a college student? Yes No

If yes to either of the above, what was the most recent year you provided an internship? _____

Have you or will you increase the total number of paid internships that you provide as a result of the Work Immersion Program? Yes No

I understand and agree to the terms and conditions of the Work Immersion Program.

Employer Signature: _____ Date: _____

To obtain reimbursement:

Once the internship is complete: submit a completed [evaluation form](#) to the GWB along with relevant wage records for the entire length of the internship. If the intern is retained for an additional 12 weeks, submit a completed [retention form](#) with relevant wage records for a 25% reimbursement of wages paid.

Part II – To be completed by college/university in RI

College/university: _____

Contact person: _____ Job title: _____

Street address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Ext. _____

Is the above named student currently matriculated as a student at your college/university? Yes No

If yes, expected date of graduation: _____

Student's major/field of study: _____

Did the above named student graduate from your college/university within the last six months? Yes No

Will the student receive college credit for this internship? Yes No

If no, what will make this internship a "meaningful learning opportunity"?

Describe how this internship is related to the student's field of study or professional/academic interest:

Has this employer previously provided a paid internship to a student from your college/university? Yes No

I understand and agree to the terms and conditions of the Work Immersion Program.

Signature: _____ Date: _____

To be completed by GWB staff

Hourly rate (max \$20/hr): \$ _____ x Hrs for reimbursement (max 400): _____ = Eligible internship costs: \$ _____

50% reimbursement by GWB: \$ _____ 25% hiring reimbursement by GWB: \$ _____

Reviewed by: _____ Approved by: _____ Date: _____

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
						-					

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.