

For HRIC ONLY:	Date Approved/Election Date _____
Date Submitted _____	Application No. _____

1. Contact Information:

Company Name: General Dynamics – Electric Boat

Address: 165 Dillabur Ave

City: North Kingstown State: RI Zip: 02852

Telephone Number: 401-268-3307 Email Address: nmartin@gdeb.com

Contact Person: Nancy Martin

Federal Tax ID No.: 51-0369496 RI Employer ID: 510369496

2. Primary NAICS Code: 336611

3. Total Number of Employees: 16,000 (All of Electric Boat)

4. Briefly describe your company's business:

The Quonset Point Facility manufactures and outfits major components for the new VIRGINIA Class Submarine.

The facility produces fabricated hull cylinders, large structural units, piping assemblies, and standard components. The hull cylinders are outfitted with the various packages and assemblies which are transported to the shipyard facilities in Groton, Connecticut or Newport News, Virginia.

Quonset Point employs a variety of different trade personnel including, welders, shipfitters, pipefitters, pipewelders, machinists, sheetmetal mechanics, etc. At present Quonset Point employs approximately 3,500 employees.(2)

5. Please indicate which of the following best describes the proposed training:

- | | |
|---|--|
| <input type="checkbox"/> Academic Remediation | <input type="checkbox"/> Total Quality Management |
| <input type="checkbox"/> Workplace Literacy | <input checked="" type="checkbox"/> College Courses |
| <input checked="" type="checkbox"/> Cross-Skill Training | <input checked="" type="checkbox"/> Technology Application |
| <input checked="" type="checkbox"/> New Employee Training | <input type="checkbox"/> Other Training (list) |

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PROPOSED TRAINING PLAN SUMMARY:

6. Is the company receiving any state, federal, or local grants to offset all or a portion of the training cost?

No Yes If yes, how much and through which program. \$ _____

If yes, please provide supporting documentation including an approved budget and cost sharing agreement.

7. Is the company taking advantage or intending to take advantage of any other state tax credits for job training?

No Yes If yes, explain:

8. Please provide a narrative description of all proposed training programs*:
(*Examples of training that would not be approved include; new employee orientations and personal development activities.)

9. Please explain why the training is being conducted? How will the training increase the necessary skills of the employee and increase the competitiveness of the company? How will the training be evaluated?

10. Where will the training take place?

11. If training is conducted outside of Rhode Island please explain why it is not feasible to conduct training in Rhode Island*.

(*Allowable expenses may only include the actual costs of the training, not travel, hotels, meals, conference fees, etc.)

12. In instances where there is continuing training or "rolling training" or where the trainees have yet to be hired, applicants may request that the reporting requirements be applied retroactively. In those cases, the employer would submit follow-up documentation after the approved training program was complete. The reporting requirements would include; a per page list describing

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the training, the names of the trainers, the names of the employees that attended the training with their Social Security numbers, the dates of the training, and wages of the trainers and trainees that are being used towards the tax credit and documentation that the employees are receiving per hour wages that are 150% (\$12.00) of the Rhode Island minimum wage.

My company's training scenario is captured in the above paragraph. I would like to apply for follow-up retroactive reporting as described.

13. What number of full-time employees would be trained through these programs? 3,625 _____

14. Total hours of training for employees: 146,750.3 _____

15. Estimated start and completion date of training: Jan 1-Dec 2016 _____

Budget Summary for ALL Training Programs:

Total Training Costs: \$ 3,696,986.28

Total Wage Costs*: \$ 6,412,717.42

(*Only \$1,000.00 per employee can be claimed for the credit)

Total Cost of Proposed Training Programs: \$ 10,109,703.70

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Budget Description – Please include one completed copy of this page for each training program.

Training Program Name:

Name of Training Company/Firm:

Please attach trainer/company program summary and cost estimates for each program.

See Attached Quonset Point 2015 Student Labor Report

Documentation for Internal Trainers:

Internal Trainer Name Wage Per Hour # of Hours Training Total Trainer Cost

1. See Attached Quonset Point 2015 Student Labor Report
- 2.
- 3.

Documentation for Participants in the Training:

Employee Name SS# Wage Per Hour # of Hours Trained Total Wage Cost

1. See Attached Quonset Point 2015 Student Labor Report
- 2.
- 3.

For new employees who have not yet been hired, you must supply the HRIC with a list of the employees prior to starting training, or request that the reporting requirements be applied retroactively.

Budget Summary for this Training Program:

Training Costs: \$ _see page 3 _____

Wage Costs*: \$ _see page 3 _____

(*Only \$1,000.00 per employee can be claimed for the credit)

Total Cost of Proposed Training Program: \$ _see page 3 _____

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Signatory Page:

I understand that training conducted prior to the filing and approval of an election (application) with the HRIC is not eligible for the tax credit. If there are multiple training programs in one application, each proposed program must be listed individually and include the entire requirements listed on the budget description page. The application must include a Letter of Good Standing from the Division of Taxation. In addition, changes to the proposed training program that will affect the amount of the tax credit taken must be approved by the HRIC prior to implementing.

The Human Resource Investment Council may require additional information on the training program after an application has been filed. If requested, the company will supply HRIC staff with additional information related to the training program and the necessary financial information to document the economic benefits of the Job Training Tax Credit and will allow HRIC staff to review records and files relating to training with reasonable prior notice.

This is to verify that each of the employees trained will receive 150% of the Rhode Island minimum wage (\$12.00 per hour) by the end of the training and will be retained at that rate or a higher rate for eighteen months after the completion of training.

I certify that my company is an eligible employer, and only the qualifying training expenses for eligible employees will be taken as the tax credit and further that none of the employees to be trained meet the definition of "highly compensated employee" as set forth in 26 USCS § 414 (q).

NOTE: This credit can no longer be claimed on the RI Personal Income Tax Returns.

Signature of CEO or Manager of Rhode Island Facility

Please return this completed application *in duplicate* with a Letter of Good Standing to:

RI Jobs Training Tax Credit
Governor's Workforce Board RI
1511 Pontiac Avenue
Building 72
Cranston, RI 02920

Employers are advised to retain supporting documentation for their records.
For additional information regarding the RI Jobs Training Tax Credit please call (401) 462-8823.
For information concerning the Letter of Good Standing contact the RI Division of Taxation at (401) 574-8941.



STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 02908

ELECTRIC BOAT CORPORATION
ATTN: CAROL SCARROZZO
75 EASTERN POINT RD
GROTON, CT 06340-4905

LETTER OF GOOD STANDING

It appears from our records that **ELECTRIC BOAT CORPORATION** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **ELECTRIC BOAT CORPORATION** is in good standing with the Rhode Island Division of Taxation as of **05/02/2017**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:


HUMAN RESOURCE INVESTMENT COUNCIL CERTIFICATION

This letter of good standing is valid only for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,



Neena Savage
Tax Administrator



Cheri O'Connor
Supervising Revenue Officer
Compliance and Collections

510369496:12231765
DLN: 3318962001