

Application for Incumbent Worker Training

Business Name: _____

Address: _____

Business Contact Name: _____ **Phone:** _____

Title: _____ **Email:** _____

Type of Business: Private For-Profit Private Non-Profit Other: _____

Number of 50 or Fewer (10% employer cost match)

Employees:

Fewer than 100 (25% employer cost match)

100 or more (50% employer cost match)

Training: Briefly describe the proposed incumbent worker training and how it will improve labor market competitiveness of employee and employer, such as improved workplace efficiency, customer service, safety, etc. (Attach detailed course description or provide a hyperlink in the description below.)

Amount of IWT funds requesting: \$ _____

Amount of Employer Match: \$ _____

Anticipated Training Start Date: _____

Anticipated End Date: _____

Training will be provided: On-site Training Institution Online Other: _____

Training Provider Information:		
Name of Training Provider:		
Contact Person:		
Street/Mailing Address:		
City/State/ZIP:		
Phone #:	Ext. #:	E-Mail:

Training Considerations: (Check all that apply)

<input type="checkbox"/>	Training will be provided to employees who face barriers to employment
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	<i>Briefly explain:</i>
<input type="checkbox"/>	Training will avert Layoffs: <i>Briefly explain:</i>
<input type="checkbox"/>	Training will increase wage and benefit levels of the employees trained <i>Describe the increase:</i>
<input type="checkbox"/>	Training will result I credentials or certificates for the employees trained <i>List of credential or certificate:</i>
<input type="checkbox"/>	Training will increase competitiveness or employee and employer <i>Describe:</i>

Training Costs & Employer Share (available with formulas):

Incumbent Worker Training Budget Worksheet

Category	Direct Training Cost	Employer Match	Explanation
Fee/Tuition			(Describe Cost)
Instructor Wages & Benefits (if not included in fee/tuition)			
Instructor Travel			
Employee Travel			
Manuals/Textbooks			
Materials/Supplies			
Certification/Testing			
Training Equipment Purchase			
Employee Paid Wages & Benefits			
Meals/Refreshments			
On-site facility usage			
Off-site training space (e.g., classroom rental)			
Other (Specify)			
Total:			

Instructions:

1. Enter Direct Training Costs in Column B
2. Enter Employer Match in column C (Employer Match Total in C16 must equal or exceed Required Match in C19).
3. Enter a description/rationale for the cost in Column D

Notes:

No Direct Training costs in darkened cells

No employer match may be included in Column C unless it is also entered under Direct Training Costs (column B).
 Exception: darkened cells

The maximum paid for any single incumbent worker trained may not exceed \$4000, and average cost per incumbent worker trained in any organization will not exceed \$3000. Employers are limited to a maximum of \$25,000 of IWT funding per program year.

Trainees:

	Name	Date of Hire		Name	Date of Hire
1.			2.		
3.			4.		
5.			6.		
7.			8.		
9.			10.		
11.			12.		
13.			14.		
15.			16.		

Employer Certifications:

- If training an employee cohort that includes employees with fewer than 6 months of employment, employer certifies that at least 51% of the cohort has been employed 6 months or longer.
- Employer certifies that all listed employees meet the Fair Labor Standards Act requirements for an employer-employee relationship within the organization.
- Employer certifies they are committed to avoid layoffs of the incumbent worker(s) trained.
- Employer certifies they have not relocated from another US labor market within the past 120 days which caused any employee layoffs.
- Employer certifies that requested training does not replace training that is routinely offered by employer.
- Employer certifies they are current in unemployment insurance, workers' compensation taxes, penalties and/or interest or related payment plan.
- Employer understands false information or misrepresentation will result in cancellation and non-payment.
- Employer will adhere to all reporting requirements and to respond to Customer Satisfaction Survey(s), if asked.
- Employer will not discriminate against any individual on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participant in any WIOA Title I-B financially assisted program or activity. The nondiscrimination assurances of 29 CFR part 38.25 applies to this contract.

As the authorized representative of the employer submitting this application, I hereby certify the information contained in this application is true and accurate and reflects the intentions of the IWT program.

Employer
Signature: _____ Date: _____

Printed Name: _____

For Internal Use				
Training Occupation is:	<input type="checkbox"/> In Demand	<input type="checkbox"/> Balanced	<input checked="" type="checkbox"/> In Decline (attached justification)	
Proposal Review Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Approved Funding Amount:	\$
Approved by:			Date:	
Notes:				