

INCUMBENT WORKER TRAINING APPLICATION



Part I: Business Grant Applicant Information

Company or Consortium Name: _____

Website Address: _____ Federal Tax ID#: _____

Authorized Representative:

Title: _____ Email Address: _____

Phone/Extension: _____ Extension: _____

Street & Mailing Address: _____

City: _____ County: _____ Zip: _____

Date of Inception: _____ Years in Business: _____ Total Number of Full-Time Employees: _____

Legal Structure of Business (e.g., Sole Proprietor, Partnership, Corporation): _____

Type of business, product(s) and/or service(s): _____

Total amount of grant request: _____ Total number of trainees: _____

Total number of training programs to be provided: _____

For the following questions, please check all boxes that apply:

- Current on all federal taxes?Yes No
- Current on all county, city and local taxes?Yes No
- Filed for bankruptcy recently?Yes No
- Any outstanding judgment liens to date?Yes No
- Operated in the local area for at least 12 months?Yes No
- Received Incumbent Worker Training funding in the last year?Yes No
- Union affiliated. If yes, attach a letter of endorsement from union official?Yes No
- Plans to have other training in addition to Incumbent Worker Training?Yes No
- Any outstanding wage and hour, health and safety or discrimination complaints or adverse decisions?Yes No
- Experienced a sale or change of ownership?Yes No
- Reduction in the number of hours or number of shifts?Yes No
- Layoffs in the previous 12 months?Yes No

If your company is minority owned, please check one:

- Women-owned
- African/American owned
- Hispanic/American owned
- Asian/American owned
- Native/American owned
- Other minority-owned (specify): _____
- Our company is in an Enterprise Zone (specify): _____

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Part II: Training Provider Information

Please check appropriate boxes:

- We intend to use a public training organization.
- We will use a private training organization.
- We will use a private instructor.
- We will use an employee to train our employees.
- Training will be delivered on-site.
- Training will be delivered at an educational institution.
- Training will be delivered at a remote location (specify): _____

Training Provider:

Training Provider Representative:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Part III: Training Project Information

- Please provide a description of the proposed training project to include the number of training programs, the number of trainees per type of training program, their job titles and departments; number of hours of each type of training to be provided; and resulting certifications anticipated to be received by successful participants.
- Please provide a timeline for the training(s) to be provided. Please use the Training Project Budget table, below, to break out costs for individual programs, including total hours and instructor wages.

Note: Training funds cannot be used to reimburse any training costs occurring before the grant is approved, so please take this fact into account as the budget and timeline are developed.

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Part IV: Training Project Budget

Please use the following budget table as a guide for each training program proposed to be provided under this training project. Other items may be included for consideration. Please show all formulas used to calculate the totals indicated, and please be specific.

Sample Program #1 Budget

Budget Category	IWT Assistance Requested	Employer Contribution	Total
Instructor Wages/Tuition			
Curriculum Development			
Materials, Supplies, Books (itemize)			
Training Equipment Purchase (please describe; cost cannot exceed \$1,000)			
Other Costs (describe)			
Travel			
Trainee Wages			
Sub Total			
Indirect Costs			
Total			

Part V: Training Project Outcomes

Please check the boxes that apply to the anticipated outcomes of the proposed training project. Attach a brief statement to this application for each checked box explaining how and/or why this training would result in the specific outcome.

- Critical to the long-term viability of our company.
- Critical to the short-term viability of our company.
- Would lower employee turnover in our company.
- Would increase the profitability of our company.
- Would save jobs within our company. How many? ____
- Would create new jobs within our company. How many? ____
- Would assist in the training of veterans.
- Would assist in the training of the disabled.
- Would be an important component of our company's overall workforce employee development efforts.
- Would help prevent company from having to relocate its operations.
- Would create openings in entry-level positions.

Part VI: Certification of Authorized Representative

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate and I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature

Title

Print Name

Date