

NORTH CAROLINA DEPARTMENT OF COMMERCE
INCUMBENT WORKFORCE DEVELOPMENT
PROGRAM APPLICATION

No application will be considered unless the company has contacted the Local Workforce Development Board Director prior to completing the application.

LOCAL AREA NAME _____
LOCAL AREA CONTACT PERSON _____
AND TELEPHONE NUMBER _____

Section I. Business Information

Business/Facility Name: _____
Authorized Business Representative: _____
Title: _____
Project Contact Person: _____ Title: _____
Telephone Number: _____ Extension: _____ Fax: _____
Email Address: _____ Business Website Address: _____
Street/Mailing Address: _____
City/State: _____ Zip Code: _____ County: _____
Years in Business at Training Location: _____
Description of Business, Product(s) and/or service(s): _____

Total Number of Full-time Business Employees at Training Location: _____
Total Number of Full-time Business Employees: _____
Total Number of Employees to be Trained (count each employee **one** time): _____
Amount of Funds Requested: _____
Legal Structure of Business: Sole Proprietor Partnership Corporation (Designation: _____)
Tax Status of Business: Private-for-Profit Private-not-for-Profit
Employer's Federal ID #: _____ Unemployment Comp ID #: _____
Training Broker: Yes No (The Broker may not receive compensation from project funds)
Broker's name: _____

Information on Corporate Office/Parent Business (If different from above) or indicate same

Parent Business Name: _____
Authorized Business Representative: _____
Title: _____
Telephone Number: _____ Extension: _____ Fax: _____
Email Address: _____ Website Address: _____
Street/Mailing Address: _____
City: _____ State: _____ Zip Code: _____

The Local Workforce Development Board's have an established deadline for the submission of applications to their respective offices. Execution of the review process does not imply a start date for training. The Local Board will notify the business in writing when training may begin.

There is a maximum funding level of \$37,500 in a single grant year; however, a company may apply for a subsequent grant(s) to reach the lifetime maximum funding of \$50,000 which includes a business, its parent and subsidiaries throughout the State of N.C. The business must submit a synopsis of the previous IWP grant and the results of that training program.

The Workforce Investment Act requires that individuals receiving training meet the following criteria:

- Age (must be 18 or older)
- Citizenship (a United States citizen or non-citizen whose status permits employment in the United States. The Local Board will review/copy the employer's I-9 document or may obtain a signed statement from the employer that the business has a copy of the I-9 on file with a list of the trainees names)
- Military Selective Service Registration (verified through the Selective Service website using the social security number)
- Trainee must be a current paid employee of the business or working for the business as a staffing agency employee
- Trainee must submit the above information and a social security card/number to the Local Workforce Development Board

Section II. Business Status and Other Information

Explain why your business is requesting financial assistance to provide the prescribed training.

Has your business been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the date of application? Yes No

Is your business current on all State of North Carolina tax obligations? Yes No

Is your business current on all applicable county, city, and local taxes? Yes No

Is your business subject to a collective bargaining agreement? Yes No

If yes, attach a letter of endorsement from the authorized union official.

In order to maximize resources, the business must demonstrate that it is not eligible for or has exhausted efforts to secure funding through existing incumbent worker training programs in the North Carolina Community College System, such as the New and Expanding Industries Program and the Focused Industrial Training Program.

Has your business contacted the community college or any publicly funded college or university about the possible provision of training? Yes No. If yes, note who was contacted and the outcome: _____

If no, explain: _____

Has your business received funds for training from any government source, or been awarded an Incumbent Worker Program? Yes No

If yes, include an attachment to this application that provides the following information for each grant received: grant amount; grant source; grant period; purpose of the grant; outcomes; whether terms and agreements of the training have been met or completed; and any relationship of that grant to the current application.

Section III. Scope of Training Being Requested

Anticipated Project Start Date after Approval of Training Project: _____

Project Length: _____ (should be no longer than 12 months, unless authorized in advance)

Amount of Funds Requested: _____

Number of Employees to be trained: _____

Number of Employees who will only attend an orientation/overview: _____
(Do not count this number in the "Number of Employees to be trained")

Section IV. Program Focus

Please check (√) all that apply.

- Business proposes an upgrade in employee skills
- Business proposes an increase in employee skills and wages

- ___ Business proposes training in portable skills, and/or
- ___ Business retention efforts are focus of training
- ___ Other (please explain) _____

Section V. Application Narrative

Provide a narrative description of the proposed training program. The description must address the elements outlined below. Each section (Part A – D) should describe the entire training program from its inception to completion and demonstrate how each criteria correlate. The proposal should be consistent with economic/workforce goals set by the local Workforce Development Board and meet any additional guidelines established by the Board.

Program applications will be reviewed and considered for funding based primarily on this description as well as cost. Each item should be addressed in the description. The application narrative, including the training plan, should not exceed five pages.

Part A. Project Description and Design

1. Please provide background information to support the request for this training.
2. What is your justification of the need for the training?
3. What is the potential impact on the business, employees, community, and the economy through this training?
4. Describe your training outcomes and provide at least one employee-related outcome. Clearly define how outcome(s) will be accomplished. (Examples: Increases skill levels of trained workers; Increases wage levels of trained workers.)
5. Include at least one employer-related outcome and clearly define how outcome(s) will be accomplished. (Examples: averts a layoff or loss of jobs; lowers employee turnover; increases the profitability of the business; enhances the competitiveness of the business; avoids business relocation or consolidation that results in a loss of local jobs.)

Part B. Training Plan

1. Provide a clear and comprehensive training plan for this project.
2. Give the implementation schedule and timeframes for each segment of the training.
3. Provide a non-duplicated count of the number of employees to be trained. Provide the number of employees to be trained in each component. If employees will be trained in more than one component, provide this information. Provide the number of employees who will only attend an orientation/overview.
4. Indicate the location where the training will be delivered.
5. Indicate any “in-kind” equipment, staff, and resources that will be made available by the business to support the training.

Part C. Local Factors/Criteria

1. Is the proposal consistent with economic/workforce goals set by the local Workforce Development Board and/or meets additional guidelines established by the Local Board?
2. Is the business located in a Department of Commerce Tier 1 or Tier 2 County?

Part D. Project Budget

1. Complete the Project Application Budget.
2. Provide a clear description and justification for each line item expense. An “all-inclusive” budget is not acceptable.

Section VI. Project Application Budget

Budget

Category	Amount Requested
Instructors’/Trainers’ Wage	
Tuition	
Materials/Supplies/Textbooks (itemize and describe on attached page)	
Training Certifications, Certificates, Licenses, Credentials (specify - must be described in budget narrative or attached page)	
Software and Technology (limited to 5% of contract amount – describe on attached page)	
Other (Explain)	
TOTAL	

The State and Local Area reserve the right to remove or adjust any part of the training narrative or budget amount.

Cost associated with in-house trainers will not be reimbursed. Foreign travel is not an allowable WIA cost and will not be reimbursed.

A brief explanation must be presented to support each appropriate Budget line item. Indicate if the costs are based on per person rate or a per day rate. Attach additional pages if necessary.) Indicate the number of days for training and the number of trainees.

Section VII. Training Provider Information

Who is the training provider(s)?

Where will the training be delivered?

Provide the name and the qualifications of each trainer/instructor:

The Local Area will not contract until the trainers' names are submitted along with qualifications.

Can the training provider offer assurance that the training will be completed within twelve months? _____

Please Furnish The Following Information On Each Training Provider.

Training Provider: _____

Contact Person: _____

Title: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Fax Number: _____

Email address: _____

Web page address: _____

Federal ID Number: _____

The business shall not discriminate against any employee, applicant for employment, applicant for WIA activities, WIA participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief.

Section VIII. Authorized Signature

As authorized representative of the business submitting this application, I hereby certify that I have read the Incumbent Worker Guidelines, and that my business meets the minimum requirements and is eligible to submit this application; the information contained in this application is true and accurate and reflects the intentions of the Incumbent Worker Program Guidelines; and I am aware that any false information, intentional omissions, or misrepresentations may subject me to civil or criminal penalties.

Print Name

Title

Signature

Date