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 Employees: ☐ Fewer than 50 (10% employer cost match)
☐ 50-90 (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 detail course description or provide a hyperlink in the description below.)

Amount of IWT funds requested: _____   Amount of Employer Match: _____

Anticipated Training Start date: _____   Training End date: _____

Training will be provided: ☐ On-site; ☐ at Training Institution; ☐ Online; ☐ Other site (specify):_____

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

Training Considerations: (Please check all that apply)

☐	Training will be provided to employees who face barriers to employment *Briefly explain:*
☐	Training will avert layoffs *Briefly explain:*
☐	Training will increase wage and benefit levels of the employees trained *Describe the increase:*
☐	Training will result in credentials or certificates for the employees trained *List credential or certificate:*

Trainees: (Add sheet as necessary)

	Name	Date of Hire
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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.
☐	Employer certifies they are committed to retain or avert the layoffs of the incumbent worker(s) trained.
☐	Employer certifies that requested training does not supplant training that is routinely offered by employer.
☐	Employer certifies they have not relocated from another US labor market within the past 120 days which caused any employee layoffs.
☐	Employer certifies they are current in unemployment insurance, workers' compensation taxes, penalties and/or interest or related payment plan.
☐	Employer understands false information or misrepresentations will result in cancellation and non-payment.
☐	Employer will adhere to all reporting requirements and to respond to a Customer Satisfaction Survey(s) if asked;
☐	The 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 participation in any WIOA Title I-financially assisted program or activity. The nondiscrimination assurances at 29 CFR Part 38.25 apply to this contract

Incumbent Worker Training Budget Worksheet

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

Enter Employer Size:	Employer's Non-Federal Match (%):	Required Employer Match	Total Eligible IWT Reimbursement
(Enter # of employees/employer size)	(Enter as a decimal)	(auto calculates)	(auto calculates)

Total does not exceed $4000 per trainee

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: _____

Printed Name: _____

Title: _____

Date: _____

FOR INTERNAL USE ONLY
Training occupation is: ☐ In Demand ☐ Balanced ☐ In Decline (justification attached)
Proposal Review Date: _____ ☐ Approve ☐ Disapprove   Approved Funding Amount: $ _____ Approved by: _____   Date: _____
Notes: BIPOC Owned: