



# Incumbent Worker Training Application

*(To be completed by the applicant. All requested information on this form must be provided.)*

## Section I: Employer Information

Employer Name:					
Street/Mailing Address:					
City/State/ZIP:			County:		
Employer Contact Person:			Title:		
Phone #:			Fax #:		
E-mail:			Website:		
Description of Employer Product(s) or Service(s):					
Years in operation in Georgia:			Years at Current Training Location:		
Employer Size Total:		Staffing agency used for new-hires?		Yes:	No:
Full-time employees:		Number Part-time:		Number of Seasonal:	
FEIN #:		GA UI #:		NAICS Code:	
DUNS #:					
Employer Type <i>(check all that apply):</i>	Corporation:	Sole Proprietor:	Partnership:	Private For-Profit:	Private Not-for-Profit:
Is this employer a subsidiary of another employer or affiliated with a parent employer?					
If yes, provide the following information about the parent/affiliated employer if different from above or indicate "Same" below.					
Parent/Affiliated Employer Name:					
Street/Mailing Address:					
City/State/ZIP:			County:		
Authorized Representative:			Title:		
Phone #:			Fax #:		
E-mail:			Website:		



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## Section II: Employer Status Information

1. Current on all Georgia state taxes?	Yes:	No:			
2. Current on all federal taxes?	Yes:	No:			
3. Current on all county, city and local taxes?	Yes:	No:			
4. Filed for bankruptcy recently?	Yes:	No:			
5. Filed outstanding judgment liens?	Yes:	No:			
6. Operated in the local area for at least 12 months?	Yes:	No:			
7. Received IWT funding in the last year?	Yes:	No:			
8. Union affiliated? If yes, attach a letter of endorsement from union official.	Yes:	No:			
9. Plans to have other training in addition to IWT?	Yes:	No:			
10. Outstanding wage and hour, health and safety or discrimination complaints or adverse decisions?	Yes:	No:			
11. Experienced a sale or change of ownership?	Yes:	No:			
12. Reduction in the number of hours or number of shifts?	Yes:	No:			
13. Layoffs in the previous 12 months?	Yes:	No:			
<b>TRAINING IS NECESSARY DUE TO: (CHECK (X) ALL THAT APPLY)</b>					
Company expansion	Yes:	No:			
Changing industry requirements	Yes:	No:			
Retooling	Yes:	No:			
Introduction of new services/product line	Yes:	No:			
Expansion of physical operations/production lines	Yes:	No:			
Organizational restructuring	Yes:	No:			
New technology	Yes:	No:			
<b>ANTICIPATED OUTCOMES OF TRAINING:</b>					
Will result in wage increases:	Yes	No	Will create new jobs within the company:	Yes	No
Will significantly increase employee skills:	Yes	No	Will provide industry certifications:	Yes	No
Will result in ability for trainee to advance within the company:	Yes	No	Will address identified skills gaps:	Yes	No
Will result in continued employment and no reduction in wages:	Yes	No	Will increase the company efficiency:	Yes	No
Will make the company location more competitive:	Yes	No	Will be an important part of the company's overall employee development efforts:	Yes	No



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## Section III. Training Information and Plan

Briefly explain how Incumbent Worker Training will address the identified skills gaps, improve employee retention, impact company stability and increase the competitiveness of the employer and employee by either (1) upgrading their skills and knowledge to retain their current job or (2) gaining new skills and knowledge so they qualify for a different job with their employer or (3) gain new skills to avert potential layoff.

In the brief description, indicate whether training is for 1, 2 or 3 above:

Identify the skills gaps requiring training.

Amount of IWT funds requested: \$		Amount of Employer Match: \$	
Anticipated Training Start Date:		Training End Date:	
Total Training Duration - # of hours/week:			
Total Number of Trainees:	Number of Planned Cycles:	Planned Number of Trainees per Cycle:	
Total Number of Training Hours	Per Employee:	Per Cycle:	
Training will result in industry recognized credential:	Yes	No	Type or Title of Certification:

**Training Course Title:**

**Training Course Description:** (Include description of proposed training project. Be specific. Include job titles or occupations of trainees, departments, type of training if different by title and department, identified skills gaps and how training addresses skills improvement; or how training will impact company advancement opportunities; or how training increases company competitiveness; or other training needs to be addressed.)

Please provide or attach detailed information on the training curriculum.

Occupations requiring training assistance (including skills requirements of the occupations):

List of competencies employees will attain:



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Training provider will be:	In-house	Public Institution	Private training institution	Private trainer/instructor
Training will be provided:	On-site	At training institution	Other site (specify):	

<b>Training Provider Information</b>	
Name of Training Provider (in-house, institution, or individual):	
Name of Training Provider Contact:	
Street/Mailing Address:	
City/State/ZIP:	
Identify/describe the trainer's credentials:	
Phone #:	Email:



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## Section IV. Training Budget

**Please apply for only the amount needed to meet immediate needs and that clearly support the training plan above. All expenses must be reasonable, necessary and allowable and conform to the regulations found in the Uniform Administration Guidance.**

**Any part of the budget may be removed or adjusted prior to application approval.**

Employer Non-Federal Share: Employers eligible for IWT funding must provide a portion of the training costs as a non-Federal share. The portion of the non-Federal share that an employer must contribute is dependent upon the size of the employer and shall not be less than:

- 10% of the training costs – for employers with not more than 50 employees
- 25% of the training costs – for employers with more than 50 employees but less than 100 employees
- 50% of the training costs – for employers with more than 100 employees

Employer size is based on the number of employees currently employed at the local operation where the incumbent worker training placements will be made. Employer size is determined by the number of employees at the time of the execution of the incumbent worker training contract. This applies to all employers, including employers with seasonal or intermittent employee size fluctuations. Employers must provide documentation that indicates employer size.

If multiple employer sites exist within a local workforce development area (LWDA): Employer agreements may be limited to physical locations within the LWDA, or the LWDA may develop one agreement with multiple locations, training descriptions and budgets.

The non-Federal share provided by an employer may include the amount of the wages paid by the employer while the worker is attending training, equipment purchased for training, curriculum development expenses, travel and lodging costs, etc. The employer may provide the share in cash or in kind, fairly evaluated. The employer non-Federal share must not be paid by the Federal government under another Federal award, except where the Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs.

The employer will be required to calculate its non-Federal share as a part of the application for training funds and an actual share at the conclusion of the training. Should the non-Federal share not meet the limits, the funds could potentially have to be repaid. Official payroll records, time and attendance records, invoices for equipment purchased, etc. must be utilized to determine the amount of the employer's share of cost.

Employer cost share contributions must be tracked and documented in the contract file and recorded on the Financial Status Report. In addition, the methodologies for determining the value of in-kind contributions must be documented in the contract file and conform to cost sharing requirements at 2 CFR 200.306 and 2 CFR 2900.8.

### Costs that may qualify for reimbursement:

- Training materials and supplies including manuals
- Training tuition and registration
- Instructor/trainer wages (if not included in tuition)
- Materials and supplies
- Certification/Testing
- Off-site training space (e.g., classroom rental, etc.)

### Non-reimbursable costs:

- Trainee wages
- Purchase of any item or service that may possibly be used outside of the training budget (to include computer equipment and non-training related software)
- Travel expenses of trainers or trainees
- Advertisement or recruitment



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- Purchase of capital equipment
- Capital improvements
- Costs incurred prior to approval of IWT
- Meals, lodging or travel – (Exception for lodging for trainer/instructor if necessary)
- Membership fees/dues
- Conferences

## IWT TRAINING BUDGET (Total Training Budget)

CATEGORY	IWT FUNDS REQUESTED	EMPLOYER MATCH	EXPLANATION
Training Registration/Tuition			(Example: CAD training \$100 x 10 employees = \$1,000)
Instructor Wages (if not included in tuition)			(Specify instructor/trainer wages if not included in tuition)
Manuals/Textbooks			(Example: Microsoft manuals @ \$30 x 10 employees = \$300)
Materials/Supplies			(Specify)
Certification/Testing			(Specify type and cost including testing, etc.)
Training Equipment Purchase			(Specify and justify NEED)
Trainee Wages			(Specify hourly rate and number of hours in training)
Employee training-related travel, lodging and food			(Specify and justify need)
On-site Facility Usage			(Specify and justify need)
Off-Site Training Space (e.g., classroom rental)			
Other (specify)			(Specify and justify need)
<b>TOTAL TRAINING COSTS:</b>	<b>\$</b>	<b>\$</b>	<b>GRAND TOTAL (IWT AND EMPLOYER): \$</b>
IWT Cost /Trainee:	\$		Total Cost/Trainee: \$



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## Section V. Authorization and Certification

As the authorized representative of the employer submitting this application, I hereby certify the following:

1. The employer meets the requirements for IWT and is eligible to submit this application;
2. The information contained in this application is true and accurate and reflects the intentions of the IWT program;
3. I am aware that any false information, intentional omissions or misrepresentations may result in rejection of the application and possible disqualification for future funding;
4. I am aware that any false information, intentional omissions or misrepresentations may subject this employer to civil or criminal penalties;
5. I understand that training materials purchased with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no cost;
6. The employer agrees to adhere to all reporting requirements and to respond to a Customer Satisfaction Survey(s) if asked;
7. The employer agrees to provide all requested data elements as required for federal reporting; and
8. The employer assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the Workforce Innovation and Opportunity Act as follows: WIOA Section 188 specifies that no individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under or denied employment in the administration of or in connection with any such program or activity because of race, color, religion, sex (as otherwise permitted under Title IX of the Education Amendments of 1072), national origin, age, disability or political affiliation or belief or solely because of the status of the individual as a participant in a program or activity receiving WIOA funds.

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Name and Title of Authorized Employer Representative

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Signature

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Date



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## Addendum B

### Incumbent Worker Training Roster Documentation of Trainee Employment History

Employer Name: \_\_\_\_\_

Authorized Employer Signature: \_\_\_\_\_

Training Course Name: \_\_\_\_\_

Period Covered: \_\_\_\_\_

**INSTRUCTION:**

1. The Employer may substitute an employee ID number for the last four digits of the employee's SSN
2. The Credential or Certificate earned must not be an attendance document. It must represent skills or knowledge acquired.
3. Employment History Documentation - Record date of permanent employment (may include time spent as a temporary/contract worker for the Employer). Verification of employment should be provided by the Employer.

Trainee Name	Last 4 digits SSN	Job Title	Date Employed	Actual Training Start Date	Actual Training End Date	Completed Training (Yes/No)	Type of Credential or Certificate
1.							
2.							
3.							
4.							
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