

Incumbent Worker Training Program Funding Application

ADMIN. USE ONLY

Date Received

Date Approved or Disapproved

SECTION 1. Business Information

Business Name:			
Authorized Business Representative:		Title:	
Phone:	Ext.:	Fax:	
Email:		Website Address:	
Street/Mailing:			
City:	ZIP:	County:	
Describe your business, its product(s) and/or service(s):			
Date Business Established:		Total Number of Employees:	
Is your business current on all State of South Carolina tax obligations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Business' Federal ID #: _____		Unemployment Comp ID #: _____	
South Carolina Sales Tax Reg. #: _____		NAICS Code: _____	
Has there been a layoff at this business location within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, was this a: <input type="checkbox"/> a Temporary Layoff OR <input type="checkbox"/> a Permanent Layoff			
(Number affected: _____)		(Number affected: _____)	
Is your business receiving/applying for other public training funds? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, what funds? _____			
Has this business location had an IWT agreement before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when: _____			
Has the business or part of the business relocated operations within the last 120 days? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes: Relocated from: _____		Relocated to: _____	
Date of Relocation: _____			
Does your business use One-Stop Center Services? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, please check all One-Stop Center services you use:			
<input type="checkbox"/> List Job Openings	<input type="checkbox"/> Mass Hires	<input type="checkbox"/> On-the-Job Training (OJT)	
<input type="checkbox"/> Job Fairs	<input type="checkbox"/> Other	(Employees cannot participate	
<input type="checkbox"/> Testing & Assessment	_____	in both WIA funded OJT and	
IWT simultaneously)			
If no, why? _____			
If your business is minority owned, please check one of the boxes below:			
<input type="checkbox"/> Women-owned	<input type="checkbox"/> Hispanic/American owned	<input type="checkbox"/> Native/American owned	
<input type="checkbox"/> African/American owned	<input type="checkbox"/> Asian/American owned	<input type="checkbox"/> Other minority owned (specify): _____	
Amount of Request:		Number of employees to receive training:	
Start Date:		End Date:	
Type(s) of training proposed (ex: Computer, Maintenance, Quality, etc.):			

Eligibility Criteria: Please check all that apply:

Training is necessary due to:

- | | |
|--|--|
| <input type="checkbox"/> Business expansion. | <input type="checkbox"/> The introduction of new services/product lines. |
| <input type="checkbox"/> Retooling of our business' processes. | <input type="checkbox"/> Business/location start-up |
| <input type="checkbox"/> New Organizational Structuring. | (Business is not eligible for CATT program and has been |
| <input type="checkbox"/> New technology. | located in South Carolina for at least 120 days.) |

SECTION 2. Training Plan Narrative:

Description of the proposed training project – provide number of trainees, job titles, departments, broken out by type of training, number of hours, any resulting certifications/credentials, wage advancement, etc. If available, please provide a curriculum of the training. Include additional pages if necessary.

SECTION 3. Training Provider Information:

Name of Training Provider(s):		
Name of Training Provider Representative:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Name of Training Provider(s):		
Name of Training Provider Representative:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Name of Training Provider(s):		
Name of Training Provider Representative:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Name of Training Provider(s):		
Name of Training Provider Representative:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	

(Attach additional pages, if necessary, for additional Training Providers.)

SECTION 4. Training Project Information:

EXAMPLES

Name of Training / Class	<i>Certified Welder Training / Sheet Metal</i>
Training Provider / Trainer	<i>Community College of East Privateer</i>
Training will take place:	<input type="checkbox"/> on our business' site <input checked="" type="checkbox"/> at an educational institution (Please specify location): <u>CCEast Privateer</u> <input type="checkbox"/> at a remote location (Please specify location): _____
# of Hours of Training	<i>40 hours</i>
# of Trainees / Job Title	<i>5 / Welders</i>
Department(s)	<i>2nd and 3rd shift Metal Fabrication</i>
Certification Earned	<i>AWS Certified Welder Training</i>
Name of Training / Class	<i>Waste Water Testing</i>
Training Provider / Trainer	<i>Regina Phalange / Water Treatment Operator</i>
Training will take place:	<input checked="" type="checkbox"/> on our business' site <input type="checkbox"/> at an educational institution (Please specify location): _____ <input type="checkbox"/> at a remote location (Please specify location): _____
# of Hours of Training	<i>20 hours</i>
# of Trainees / Job Title	<i>15 / Wash Booth Operators</i>
Department(s)	<i>Wash and Paint</i>
Certification Earned	<i>n/a</i>

Name of Training / Class	
Training Provider / Trainer	
Training will take place:	<input type="checkbox"/> on our business' site <input type="checkbox"/> at an educational institution (Please specify location): _____ <input type="checkbox"/> at a remote location (Please specify location): _____
# of Hours of Training	
# of Trainees / Job Title	
Department(s)	
Certification Earned	

Name of Training / Class	
Training Provider / Trainer	
Training will take place:	<input type="checkbox"/> on our business' site <input type="checkbox"/> at an educational institution (Please specify location): _____ <input type="checkbox"/> at a remote location (Please specify location): _____
# of Hours of Training	
# of Trainees / Job Title	
Department(s)	
Certification Earned	

(Attach additional pages, if necessary, for additional Training Projects.)

SECTION 4. Training Program Budget

Please use this as a guide. You may include other items for consideration as required. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs occurring before the application is approved. Please take this into account when developing your budget and timeline.

BUDGET CATEGORY	TRAINING ASSISTANCE REQUESTED	* BUSINESS' MATCHING CONTRIBUTION	TOTAL
Instructor Wages/Tuition (Break out costs for individual programs including total hours and instructor wages)	\$ _____	\$ _____	\$ _____
Curriculum Development	\$ _____	\$ _____	\$ _____
Materials/Supplies Textbooks (itemize)	\$ _____	\$ _____	\$ _____
Training Equipment Purchase (itemize)	XXXXXXXXXX	\$ _____	\$ _____
Other Costs (describe)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Travel	XXXXXXXXXX	\$ _____	\$ _____
Trainee Wages	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Total	\$ _____	\$ _____	\$ _____

* Businesses must provide a matching contribution to the training project that shall not be less than:

- (1) 10% of the costs for those with 50 or fewer employees
- (2) 15% of the costs for those with more than 50 employees, but fewer than 100 employees
- (3) 25% of the costs for those with 100 or more employees.

SECTION 5. Outcomes

Please check the boxes that apply to the anticipated outcomes of the proposed training project.

- | | |
|---|--|
| <input type="checkbox"/> Critical to the long-term viability of our company. | <input type="checkbox"/> Assist in the improvement of international trade opportunities. |
| <input type="checkbox"/> Critical to the short-term viability of our company. | <input type="checkbox"/> Assist in the training of veterans. |
| <input type="checkbox"/> Important to the stated mission of our company. | <input type="checkbox"/> Assist in the training of minorities. |
| <input type="checkbox"/> Lower employee turnover in our company. | <input type="checkbox"/> Assist in the training of the disabled. |
| <input type="checkbox"/> Increase the profitability of our company. | <input type="checkbox"/> An important component of our company's overall workforce employee development efforts. |
| <input type="checkbox"/> Save jobs within our company. | <input type="checkbox"/> Help prevent company from having to relocate its operations. |
| <input type="checkbox"/> Create new jobs within our company. | <input type="checkbox"/> Create openings in entry-level positions. |
| <input type="checkbox"/> Improve the long-term wage levels of our trainees. | |
| <input type="checkbox"/> Improve the short-term wage levels of trainees. | |
| <input type="checkbox"/> Significantly increase employee skills. | |

For each box checked above, please include a brief statement explaining "how" and/or "why" this training would result in the specific outcome. When specific figures are requested give the number, i.e. number of jobs saved, percentage of increased profitability, etc.

SECTION 6. Certification by Authorized Business Representative

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. 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 funds approved through this program.

Signature:	Title:
Print Name:	Date:

Mail original and 4 copies to:

Julia Hoyle
WorkLink
511 Westinghouse Road
Pendleton, SC 29670

OR fax to 864.646.2814 and follow up via mail with original and 2 copies