

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:	County:	Zip:	
Describe your business, its product(s) and/or service(s):			
Date Location 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 this business experienced a layoff 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			
<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	
services you use:			
If no, why?			
How did you hear about Incumbent Worker Training? _____			
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.):			

SECTION 2. Training Project Information: (up to 6 training programs may be requested on each application. If you would like to request more, please complete additional applications as necessary.)

TRAINING #1			
Name of Training / Class			
Training / Class Description			
Training Institution / School			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Trainer			
Anticipated training dates:			
# of Hours of Training		# of Trainees / Job Title	
Department(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	*Materials/Supplies/Textbooks: \$	
	*Other Costs: \$	TOTAL COST:	
*Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #2			
Name of Training / Class			
Training / Class Description			
Training Institution / School			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Trainer			
Anticipated training dates:			
# of Hours of Training		# of Trainees / Job Title	
Department(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	*Materials/Supplies/Textbooks: \$	
	*Other Costs: \$	TOTAL COST:	
*Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #3

Name of Training / Class			
Training / Class Description			
Training Institution / School			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Trainer			
Anticipated training dates:			
# of Hours of Training		# of Trainees / Job Title	
Department(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$		*Materials/Supplies/Textbooks: \$
	*Other Costs: \$		TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #4

Name of Training / Class			
Training / Class Description			
Training Institution / School			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Trainer			
Anticipated training dates:			
# of Hours of Training		# of Trainees / Job Title	
Department(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$		*Materials/Supplies/Textbooks: \$
	*Other Costs: \$		TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #5			
Name of Training / Class			
Training / Class Description			
Training Institution / School			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Trainer			
Anticipated training dates:			
# of Hours of Training		# of Trainees / Job Title	
Department(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	*Materials/Supplies/Textbooks: \$	
	*Other Costs: \$	TOTAL COST:	
*Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #6			
Name of Training / Class			
Training / Class Description			
Training Institution / School			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Trainer			
Anticipated training dates:			
# of Hours of Training		# of Trainees / Job Title	
Department(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	*Materials/Supplies/Textbooks: \$	
	*Other Costs: \$	TOTAL COST:	
*Please itemize costs related to materials, supplies, textbooks and other costs here:			

SECTION 3. Eligibility Criteria: Please check and explain all that apply (attach additional sheets if necessary.)

Training is necessary due to: (check all that apply)

- | | |
|--|--|
| <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 ReadySC program and has |
| <input type="checkbox"/> New technology. | been located in South Carolina for at least 120 days.) |

Please provide an explanation supporting the needs you selected above.

The proposed training would:

- | | |
|--|---|
| <input type="checkbox"/> Significantly increase employee skills. | <input type="checkbox"/> Save jobs within our business. (How many? _____) |
| <input type="checkbox"/> Result in employee wage increases. | <input type="checkbox"/> Help prevent business relocation. |

Please provide an explanation supporting the how the proposed training would accomplish the selections above.

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		XXXXXXXXXX	
Materials/Supplies Textbooks		XXXXXXXXXX	
Training Equipment Purchase	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Other Costs		XXXXXXXXXX	
		XXXXXXXXXX	
_____	_____	XXXXXXXXXX	_____
Travel	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
Total	_____	XXXXXXXXXX	_____

* **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.

* Effective March 1, 2009, and continuing for an indefinite period of time, the matching contribution requirements have been waived for new IWT agreements.

SECTION 5. 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: