

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:	Extension:		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 South Carolina and Federal tax obligations?		YES	NO
Business' Federal ID #:		Unemployment Comp ID #:	
South Carolina Sales Tax Reg. #:		NAICS Code:	
Has the business experienced a layoff in the last 120 days?		YES	NO
If yes, was this a: <div style="display: inline-block; width: 45%;"> A Temporary Layoff (Number affected:) </div> <div style="display: inline-block; width: 10%; text-align: center;">OR</div> <div style="display: inline-block; width: 45%;"> A Permanent Layoff (Number affected:) </div>			
Is your business receiving/applying for other public training funds?		YES	NO
If yes, what funds?			
Has this business location had an IWT agreement before?		YES	NO
		If yes, when:	
Has the business or part of the business relocated operations within the last 120 days?		YES	NO
If yes:	Relocated from:	Relocated to:	Date of Relocation:
Does your business use SC Works Center Services?		YES	NO
If yes, please check all SC Works Center Services you use:	List Job Openings Job Fairs Testing & Assessment	Mass Hires Other	On-the-Job Training (OJT) (Employees cannot participate in both WIA funded OJT and IWT simultaneously)
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.)

Please list in order of priority for your organization.

TRAINING #1		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(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:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(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:****Training Description:****Training Institution/School:****Address:****City:****State:****Zip:****Phone:****Name of Trainer (if in-house):****Anticipated training dates:****# of Hours of Training:****# of Trainees:****Job Title(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:****Training Description:****Training Institution/School:****Address:****City:****State:****Zip:****Phone:****Name of Trainer (if in-house):****Anticipated training dates:****# of Hours of Training:****# of Trainees:****Job Title(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:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(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:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(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)

Business expansion
(Business is not eligible for ReadySC program and has been located in South Carolina for at least 120 days)

Changing industry requirements

Retooling of our business processes

The introduction of new services/product lines

New Organizational structuring

Business/location start-up
(Business is not eligible for ReadySC program and has been located in South Carolina for at least 120 days)

New Technology

Competitive Business expansion

Please provide an explanation supporting the needs you selected above. (attach additional sheets if necessary)

The proposed training would:

Significantly increase employee skills

Save jobs within our business (How many?)

Result in employee wage increases

Help prevent business relocation

Address identified skill gaps

Provide certifications or industry recognized credentials

Please provide an explanation supporting how the proposed training would accomplish the selections above. (attach additional sheets if necessary)

SECTION 4. *Training Program Budget*

BUDGET CATEGORY	TRAINING ASSISTANCE REQUESTED	BUSINESS MATCHING CONTRIBUTION	TOTAL
INSTRUCTOR WAGES/TUITION			
MATERIALS/SUPPLIES/ TEXTBOOKS			
TRAINING EQUIPMENT PURCHASED	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
OTHER COSTS			
TRAVEL	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
TOTAL			

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

- (1) 10% of the costs, for employers with 49 employees or less;**
- (2) 15% of the costs, for employers with between 50-249 employees; and**
- (3) 25% of the costs, for employers with 250 or more employees**

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.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved training. Training may not start prior to effective date of the agreement.

Signature:	Title:
Print Name:	Date: