

Northwest Georgia Incumbent Worker Training Application for Funding

*Complete and return to GDOL Project Coordinator. Acrobat Reader 9 or above is recommended for completion.
 All required information must be completed before submission.
 *See **Page 8b** for **Submit, Reset and Print buttons**.*

SECTION I: BUSINESS INFORMATION

Business Name:		
Street/Mailing Address:		
City/State/ZIP:		County:
Company Contact Person:		Title:
Phone #:	Ext. #:	Fax #:
Email Address:	Company Website:	
Description of Business Product (s) or Service(s):		
Years in Business in Georgia:		Years in Business at Current Location:
Number of Full-time employees:	Number of Part-time:	# of Seasonal:
Staffing agency used for new-hires? Yes No		
Business Type (check all that apply): Corporation Partnership Sole Proprietor		
Not-For-Profit For-Profit		
Federal ID #:	GA UI #:	NAICS Code:
<p><i>If this company is a subsidiary, another company of or affiliated with a parent company, provide the following information about the parent/affiliated company <u>if different from that above</u> or indicate "None" on the Parent/Affiliated Company Name line below.</i></p>		
Parent/Affiliated Company Name:		
Street/Mailing Address:		
City/State/ZIP:		
Authorized Representative:		Title:
Phone #:	Ext. #:	Fax #:
Email Address:	Company Website:	

SECTION II: BUSINESS STATUS INFORMATION

	Yes	No
Applicant company is current on all Georgia state taxes.		
Applicant company is current on all federal taxes.		
Applicant company is current on all county, city and local taxes.		
Applicant company has filed for bankruptcy recently.		
Applicant company has outstanding judgment liens filed.		
Applicant company has operated in the NW Georgia area for at least 12 months.		
Applicant company received IWT funding in the last year.		
Applicant company is union affiliated. If yes, attach a letter of endorsement from union official.		
Applicant company has outstanding wage/hour, health/safety, discrimination complaints or adverse decisions. If yes, specify and provide additional information on a separate sheet.		
Applicant company has experienced layoffs in the previous 12 months.		
Applicant company has had reduction in hours worked per week or reduction in number of shifts.		
Applicant company has other training opportunities for employees or plans for training in addition to IWT.		

SECTION III: IDENTIFICATION OF NEED FOR IW TRAINING (CHECK ALL THAT APPLY)

	Yes	No
Company Expansion		
Changing Industry Requirements		
Retooling		
Introduction of New Services or Product Lines		
Expansion of Physical Operations or Product Lines		
Organizational Restructuring		
New Technology		

SECTION IV: ANTICIPATED OUTCOMES OF IW TRAINING (CHECK ALL THAT APPLY)

	Yes	No
Will result in wage increases		
Will significantly increase employee skills		
Will result in trainees' ability to advance within the company		
Will result in continued employment and no reduction in wages		
Will make the company more competitive		
Will create new jobs with the company		
Will provide industry certifications		
Will address identified skills gaps		
Will increase company efficiency		
Will be an important part of the company's overall employee development efforts		

SECTION V: TRAINING INFORMATION and PLAN

Training Course Title:	Total Number of Trainees:
Amount of IWT funds requested: \$	Amount of Employer Match: \$
Anticipated Training Start date:	Anticipated Training End date:
Number of Planned Cycles:	Planned Number of Trainees per cycle:
Number of Training Hours per Cycle:	Number of Training Hours per Trainee:
Title or Type of Certification which will result from training, if any:	

Description of Need: Briefly explain how IW training will address the identified skills gaps, improve employee retention, impact company stability and/or 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 and/or (3) gain new skills to avert potential layoff.

As a part of the description of need, *indicate whether training is for 1, 2 and/or 3 above.*

List occupations for which your company has identified skills gaps requiring training. (How these skill gaps will be addressed is part the section immediately below.) May increase space or attach additional sheets.

Training Course Description: (Be specific as delineated below). Additionally, provide or attach detailed information on the training curriculum. May increase space or attach additional sheets.

Include the following applicable information:

1. Hours of training per day and per week;
2. Occupations to be included in IWT;
3. Skills requirements for IWT occupations and identified skill gaps;
4. How training addresses skills improvement for identified skill gaps;
5. How training will impact company advancement opportunities if applicable;
6. How training increases company competitiveness if applicable; and/or
7. Other training needs to be addressed if applicable.

List of competencies trainees will attain: (May attach additional sheets)

Training Provider will be:	Private Training Institution:	Public institution	In-house
Private Trainer/Instructor			

Training will be provided:	On-site	At Training Institution	Other site (specify)
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Training Provider Information

Name of Training Provider (in-house, institution, or individual):

Name of Training Provider Contact:

Street/Mailing Address:

City/State/ZIP:

Phone #:

Ext. #:

E-Mail:

Identify/describe the trainer's credentials for instructing this training/course:

List or describe any other training opportunities or support of training offered to employees:

SECTION VI: TRAINING BUDGET

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. See the following page for more information on allowable/non-allowable costs. **Round to next whole dollar.**

First, calculate total funds needed then apply match to identify maximum IWT funding. See Attachment B, Page 8b for completed form example.

Category	Total Training Funds	IWT Funds Requested	Employer Match	Explanation of Costs
Training Registration				(Example: CAD training \$100 x 10 employees = \$1,000)
Instructor Wages (if not included in tuition)				
Manuals/Textbooks				(Example: Microsoft manuals @ \$30 x 10 employees = \$300)
Certification Expenses				(Specify type and cost including testing, etc.)
Materials/Supplies				(Specify)
Training Equipment Purchase				(Specify and justify need)
Trainee Wages				(Specify # of Employees, Hourly Rate and # of Hours in Training)
Employee Training-related travel, lodging and food				(Specify and justify need)
On-site facility usage				
Off-site Training Space (e.g., classroom rental, etc.)				
Other (Specify):				(Specify and justify need)
Total Training Costs:				
Total # of Trainees:				
IWT Cost/trainee:			Total Cost/trainee:	

Employer match (non-federal share) requirements are as follows:

If 50 or less employees 10%

If 51 to 100 employees 25%

If 101+ employees 50%

Fiscal Year Minimum/Maximums:

Minimum IWT funds = **\$5,000**

Maximum IWT funds = **\$50,000**

TRAINING BUDGET INFORMATION

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.

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.

Calculate the non-federal share which is a required part of the application for training funds (see ATTACHMENT A beginning on Page 8 below) and an actual share at the conclusion of the training. If the non-federal share should not meet the limits, the funds potentially may be subject to repayment or reduction in reimbursement. 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 or 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 possible 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
- 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

Requested IWT funds must be a minimum of \$5,000 and a maximum of \$50,000 in one fiscal year. These figures do not include Employer Match.

SECTION V: AUTHORIZATION AND CERTIFICATION

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

1. I have read the NWGA Incumbent Worker Training guidelines and policies;
2. The business meets the requirements for IWT and is eligible to submit this application;
3. The information contained in this application is true and accurate and reflects the intentions of the IWT program;
4. I am aware that any false information, intentional omissions or misrepresentations may result in rejection of the application and possible disqualification for future funding;
5. I am aware that any false information, intentional omissions or misrepresentations my subject this business to civil or criminal penalties;
6. 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;
7. The Business agrees to adhere to all reporting requirements and to respond to a Customer Satisfaction Survey(s) if asked;
8. The Business agrees to provide all requested data elements as required for federal reporting, and
9. This business shall not discriminate against any employee, applicant for employment, applicant or WIOA participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, creed, disability, religion, age, sex, national origin, political affiliation or belief.

Signature

Date

Printed Name

Title

ATTACHMENT A

Employer Match (Non-federal Share) Worksheet

(Must complete and submit with IWT application. See instructions and example following.)

Employer Name: _____

Category	Total Training Funds	IWT Funds	Employer Match	Explanation
Training Registration/Tuition				Note: IWT can reimburse this item up to maximum amount allowed by employer match
Instructor Wages (if not included in tuition)				Note: IWT can reimburse this item up to maximum amount allowed by employer match
Manuals/Textbooks				Note: IWT can reimburse this item up to maximum amount allowed by employer match.
Materials/Supplies				Note: IWT can reimburse this item up to maximum amount allowed by employer match
Certification/Testing				Note: IWT can reimburse this item up to maximum amount allowed by employer match
Training Equipment Purchase				Note: IWT cannot reimburse this item. May contribute to employer match.
Trainee Wages				Note: Wages cannot be reimbursed. May contribute to employer match.
Employee Training-related travel, lodging and food				Note: IWT cannot reimburse this item. May contribute to employer match.
On-site facility usage				Note: IWT cannot reimburse this item. May contribute to employer match.
Off-site Training Space (e.g., classroom rental, etc.)				Note: IWT can reimburse this item up to maximum amount allowed by employer match
Other (Specify):				Note: IWT can reimburse allowable items up to the maximum amount allowed by employer match. Non-allowable items may contribute to employer match.
Total Training Costs				Calculate the total training amount and apply match percentage to determine maximum IWT funds.

Employer Size: _____

Employer Match (enter decimal value for percent): ____ of total \$ _____ = \$ _____

Any excess non-reimbursable portion of share (wages, facility usage, etc.) \$ _____

Total Eligible IWT Reimbursement \$ _____

Employer match (non-federal share) requirements are as follows:

If less than 50 employees

10%

If 51 to 100 employees

25%

If 101+ employees

50%

ATTACHMENT A

Instructions for Calculation and Tracking of Employers Match (Non-federal Share)

INSTRUCTIONS FOR CALCULATING EMPLOYER MATCH:

Enter requested costs on the IWT Application Budget Worksheet, then calculate the total costs of training including the Employer Match.

Enter the Employer Size and applicable % of IWT reimbursement. Enter any excess match and the total eligible IWT reimbursement.

EXAMPLE 1: (See attached completed worksheet)

The TOTAL COST of TRAINING (including Employer Match) equals \$145,000, including \$96,000 in wages and \$49,000 in tuition, instructor fees, training materials/supplies and testing/certification.

The Employer is utilizing budgeted Trainee Wages of \$96,000 as the match.

The Verified Employer Size is over 100 employees at the current location.

Per WIOA, the Employer's required non-federal share of the total cost of training is 50% or \$72,500

Employer meets the 50% match requirements (application calculation)

Potential WIOA Reimbursement – 50%: NOTE: WIOA cannot reimburse the costs of trainee wages (any portion of the \$96,000).

The Employer would be eligible to receive reimbursement for the \$49,000 in training costs.

EXAMPLE 2: (Not shown)

The TOTAL COST OF TRAINING IS \$2,370,000 including wages of \$2,000,000. The cost of actual training at the Technical College site is \$370,000.

The Verified Employer Size is over 100 employees at the current location.

Per WIOA, The Employers required non-federal share of the total costs is 50% or \$1,000,000. However, IWT cannot pay for the costs of trainee wages (\$2,000,000);

The Employer would be eligible to receive reimbursement for the \$370,000.

DOCUMENTATION:

Official payroll records, trainee employment history, trainee time and attendance records, invoices for training supplies, invoices for equipment purchased, etc. must be utilized to determine the actual amount of the employer's share of cost. Documentation should be traceable back to the ledger of record.

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.

BUDGET VERSUS EXPENSES RECONCILIATION

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**. If the non-federal share not meet the limits, the funds could potentially be subject to repayment or reduction in reimbursement.

ATTACHEMENT A
Example of Completed Employer Match (Non-Federal Share) Worksheet

Employer Name: A Northwest Georgia Company, Inc.

Category	Total Training Funds	IWT Funds Requested	Employer Match	Explanation
Training Registration/Tuition	\$39,000	\$39,000		Training tuition at \$1950 per person x 20 employees
Instructor Wages (if not included in tuition)	\$6,000	\$6,000		Additional part-time instructor wages for 100 hours of instruction not included in tuition above
Manuals/Textbooks				
Materials/Supplies	\$3,000	\$3,000		Personal Protective Equipment @\$150 x 20 employees
Certification/Testing	\$1,000	\$1,000		National certification @\$50 x20 employees
Training Equipment Purchase				
Trainee Wages	\$96,000		\$96,000	20 employees @ \$15.00 average wage x 320 hours training
Employee Training-related travel, lodging and food				
On-site facility usage				
Off-site Training Space (e.g., classroom rental, etc.)				
Other (Specify)				
TOTAL TRAINING COSTS:	\$145,000	\$49,000	\$96,000	

Employer Size: 150

Employer Match (Non-Federal Share): 50% of **\$145,000** = **\$72,500**

Non-Reimbursable portion of share: **\$72,500** – **\$49,000** (IWT training costs) = **\$23,500** (trainee wages)
(IWT program cannot reimburse any part of IWT trainee wages)

Total Eligible IWT Reimbursement **\$49,000** (\$50,000 is the maximum for ITW funds in one fiscal year)