**WIOA Incumbent Worker Training Program**

Employer Application

| **SECTION 1. *Business Information*** | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Business Name:** Click or tap here to enter text. | | | | | | | | | | | | | |
| **Authorized Business Representative:** Click or tap here to enter text. | | | | | | | | | | | **Title:** Click or tap here to enter text. | | |
| **Phone:** Click or tap here to enter text. | | | | **Ext.** Click or tap here to enter text. | | | | | | **Fax:** Click or tap here to enter text. | | | |
| **Email:** Click or tap here to enter text. | | | | | | | | **Company Website Address:** Click or tap here to enter text. | | | | | |
| **Street/Mailing Address:** Click or tap here to enter text. | | | | | | | | | | | | | |
| **City:** Click or tap here to enter text. | | | | **ZIP:** Click or tap here to enter text. | | | | | | **County:** Click or tap here to enter text. | | | |
| **If there are multiple business locations, please indicate the location for which training is requested:** Click or tap here to enter text. | | | | | | | | | | | | | |
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| **Date of Inception:** Click or tap here to enter text. | | | | | | | **Years in Business:** Click or tap here to enter text. | | | | | | |
| **Total Number of Full-time Employees:** Click or tap here to enter text. | | | | | | | **Total Number of Part-time Employees:** Click or tap here to enter text. | | | | | | |
| **Total Number of Full-time Employees at this Business Location:** Click or tap here to enter text. | | | | | | | **Total Number of Part-time Employees at this Business Location:** Click or tap here to enter text. | | | | | | |
| **Legal Structure of Business:** | | | Sole Proprietor | | | | Partnership | | | | | Corporation  (Designation: Click or tap here to enter text. ) | |
| **Employer’s Federal ID #:** Click or tap here to enter text. | | | | | | | **Unemployment Comp ID #:** Click or tap here to enter text. | | | | | | |
| **South Carolina Sales Tax Reg. #:** Click or tap here to enter text. | | | | | | | **NAICS Code:** Click or tap here to enter text. | | | | | | |
| **Is your business current on all State of South Carolina tax obligations?** | | | | | | | | | | | | YES | NO |
|  | | | | | | | | | | | | | |
| **Has your business received IWT, RRIWT, or other state or federal funding before?** | | | | | | | | | | | | YES | NO |
| **If yes, please indicate the type of funding (e.g. Incumbent Worker Training), amount, and year:**  Click or tap here to enter text. | | | | | | | | | | | | | |
| **Is your business currently receiving/applying for other public training/consulting funds?** | | | | | | | | | | | | YES | NO |
| **If yes, please identify the funding source and type of training/consulting services:**  Click or tap here to enter text. | | | | | | | | | | | | | |
| **Has there been a layoff at this site within the last 12 months?** | | | | | | | | | | | | YES | NO |
| **If yes:** | Temporary Layoff Number affected: Click or tap here to enter text. | | | | | | | | Permanent Layoff Number affected: Click or tap here to enter text. | | | | |
| **Has the business or part of the business relocated operations within the**  **last 120 days?** | | | | | | | | | | | | YES | NO |
| **If yes:** | **Relocated from:** Click or tap here to enter text. | | | | **Relocated to:** Click or tap here to enter text. | | | | | | | **Date of Relocation:** Click or tap here to enter text. | |
| **Does your business use SC Works services?** | | | | | | | | | | | | YES | NO |
| **If yes, please check all applicable services:** | | List Job Openings  Job Fairs  Testing & Assessment | | | | Mass Hires  Candidate Search  Other: | | | | | | On-the-Job Training (OJT)  **Please note**: employees cannot participate in both WIOA funded OJT and IWT simultaneously. | |
|  | | | | | | | | | | | | | |
| **Please describe the business’s product(s) and/or service(s):**  Click or tap here to enter text. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Is the business minority owned? If yes, please check one of the boxes below:** | | | | | | | | | | | | | |
| Women owned | | | | | | | | Asian/American owned | | | | | |
| African/American owned | | | | | | | | Native/American owned | | | | | |
| Hispanic/American owned | | | | | | | | Other minority owned (specify): | | | | | |
|  | | | | | | | | | | | | | |
| **Amount of Funding Requested:** Click or tap here to enter text. | | | | | | | | **Number of Individual Trainees:** Click or tap here to enter text. | | | | | |
| **Anticipated Start Date:** Click or tap here to enter text. | | | | | | | | **Anticipated End Date:** Click or tap here to enter text. | | | | | |
|  | | | | | | | | | | | | | |

| **SECTION 2. *Eligibility Criteria***  **Please thoroughly answer all questions. Attach additional sheets if necessary.** | | | | |
| --- | --- | --- | --- | --- |
| **Do business circumstances point to probable layoffs?** | | YES | | NO |
| If yes, please describe the business’s circumstances.  Click or tap here to enter text. | | | | |
| **The requested training will:** | | | | |
| Increase employee skills | Save jobs within our business  (How many? Click or tap here to enter text.) | | | |
| Address changing skill requirements | Result in a credential(s) | | | |
| Result in wage/pay increases | Help prevent business relocation or closure | | | |
| **Explain how the training will improve employee skills, resulting in a more competitive workforce and/or improve overall business circumstances.**  Click or tap here to enter text. | | | | |
| **List the credentials expected to result from the IWT program.**  Click or tap here to enter text. | | | | |
| **Is the business committed to retaining employees?** | | | YES | NO |

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| **SECTION 3. *Training Project Information*** |
| Up to six (6) training programs may be requested on each application. Training descriptions for each program requested  must be attached to the application. |

| **TRAINING #1** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training:** Click or tap here to enter text. | | | | | | | |
| **Training Description:** Click or tap here to enter text. | | | | | | | |
| **Name of Training Provider:** Click or tap here to enter text. | | | | **Provider Federal ID #:** Click or tap here to enter text. | | | |
| **Name of Training Provider Representative:** Click or tap here to enter text. | | | | | | | |
| **Address:** Click or tap here to enter text. | | | | | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | | | | **Fax:** Click or tap here to enter text. | | | |
| **Anticipated training dates:** Click or tap here to enter text. | | | | | | | |
| **Projected Number of Hours of Training:** | | Click or tap here to enter text. | | | **Number of Trainees:** | | Click or tap here to enter text. |
| **Job Title(s) and Length(s) of Employment:**  Click or tap here to enter text. | | | | | | | |
| **Certification Earned:** Click or tap here to enter text. | | | | | | | |
| **BUDGET** | **Instructor Wages/Tuition:** Click or tap here to enter text. | | | | **\*Materials/Supplies/Textbooks:** Click or tap here to enter text. | | |
|  | **\*Other Costs:** Click or tap here to enter text. | | | | **TOTAL COST:** Click or tap here to enter text. | | |
| **\*Please itemize costs related to materials, supplies, textbooks, and other costs here:** Click or tap here to enter text. | | | | | | | |

| **TRAINING #2** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training:** Click or tap here to enter text. | | | | | | | |
| **Training Description:** Click or tap here to enter text. | | | | | | | |
| **Name of Training Provider:** Click or tap here to enter text. | | | | **Provider Federal ID #:** Click or tap here to enter text. | | | |
| **Name of Training Provider Representative:** Click or tap here to enter text. | | | | | | | |
| **Address:** Click or tap here to enter text. | | | | | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | | | | **Fax:** Click or tap here to enter text. | | | |
| **Anticipated training dates:** Click or tap here to enter text. | | | | | | | |
| **Projected Number of Hours of Training:** | | Click or tap here to enter text. | | | **Number of Trainees:** | | Click or tap here to enter text. |
| **Job Title(s) and Length(s) of Employment:**  Click or tap here to enter text. | | | | | | | |
| **Certification Earned:** Click or tap here to enter text. | | | | | | | |
| **BUDGET** | **Instructor Wages/Tuition:** Click or tap here to enter text. | | | | **\*Materials/Supplies/Textbooks:** Click or tap here to enter text. | | |
|  | **\*Other Costs:** Click or tap here to enter text. | | | | **TOTAL COST:** Click or tap here to enter text. | | |
| **\*Please itemize costs related to materials, supplies, textbooks, and other costs here:** Click or tap here to enter text. | | | | | | | |

| **TRAINING #3** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training:** Click or tap here to enter text. | | | | | | | |
| **Training Description:** Click or tap here to enter text. | | | | | | | |
| **Name of Training Provider:** Click or tap here to enter text. | | | | **Provider Federal ID #:** Click or tap here to enter text. | | | |
| **Name of Training Provider Representative:** Click or tap here to enter text. | | | | | | | |
| **Address:** Click or tap here to enter text. | | | | | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | | | | **Fax:** Click or tap here to enter text. | | | |
| **Anticipated training dates:** Click or tap here to enter text. | | | | | | | |
| **Projected Number of Hours of Training:** | | Click or tap here to enter text. | | | **Number of Trainees:** | | Click or tap here to enter text. |
| **Job Title(s) and Length(s) of Employment:**  Click or tap here to enter text. | | | | | | | |
| **Certification Earned:** Click or tap here to enter text. | | | | | | | |
| **BUDGET** | **Instructor Wages/Tuition:** Click or tap here to enter text. | | | | **\*Materials/Supplies/Textbooks:** Click or tap here to enter text. | | |
|  | **\*Other Costs:** Click or tap here to enter text. | | | | **TOTAL COST:** Click or tap here to enter text. | | |
| **\*Please itemize costs related to materials, supplies, textbooks, and other costs here:** Click or tap here to enter text. | | | | | | | |

| **TRAINING #4** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training:** Click or tap here to enter text. | | | | | | | |
| **Training Description:** Click or tap here to enter text. | | | | | | | |
| **Name of Training Provider:** Click or tap here to enter text. | | | | **Provider Federal ID #:** Click or tap here to enter text. | | | |
| **Name of Training Provider Representative:** Click or tap here to enter text. | | | | | | | |
| **Address:** Click or tap here to enter text. | | | | | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | | | | **Fax:** Click or tap here to enter text. | | | |
| **Anticipated training dates:** Click or tap here to enter text. | | | | | | | |
| **Projected Number of Hours of Training:** | | Click or tap here to enter text. | | | **Number of Trainees:** | | Click or tap here to enter text. |
| **Job Title(s) and Length(s) of Employment:**  Click or tap here to enter text. | | | | | | | |
| **Certification Earned:** Click or tap here to enter text. | | | | | | | |
| **BUDGET** | **Instructor Wages/Tuition:** Click or tap here to enter text. | | | | **\*Materials/Supplies/Textbooks:** Click or tap here to enter text. | | |
|  | **\*Other Costs:** Click or tap here to enter text. | | | | **TOTAL COST:** Click or tap here to enter text. | | |
| **\*Please itemize costs related to materials, supplies, textbooks, and other costs here:** Click or tap here to enter text. | | | | | | | |

| **TRAINING #5** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training:** Click or tap here to enter text. | | | | | | | |
| **Training Description:** Click or tap here to enter text. | | | | | | | |
| **Name of Training Provider:** Click or tap here to enter text. | | | | **Provider Federal ID #:** Click or tap here to enter text. | | | |
| **Name of Training Provider Representative:** Click or tap here to enter text. | | | | | | | |
| **Address:** Click or tap here to enter text. | | | | | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | | | | **Fax:** Click or tap here to enter text. | | | |
| **Anticipated training dates:** Click or tap here to enter text. | | | | | | | |
| **Projected Number of Hours of Training:** | | Click or tap here to enter text. | | | **Number of Trainees:** | | Click or tap here to enter text. |
| **Job Title(s) and Length(s) of Employment:**  Click or tap here to enter text. | | | | | | | |
| **Certification Earned:** Click or tap here to enter text. | | | | | | | |
| **BUDGET** | **Instructor Wages/Tuition:** Click or tap here to enter text. | | | | **\*Materials/Supplies/Textbooks:** Click or tap here to enter text. | | |
|  | **\*Other Costs:** Click or tap here to enter text. | | | | **TOTAL COST:** Click or tap here to enter text. | | |
| **\*Please itemize costs related to materials, supplies, textbooks, and other costs here:** Click or tap here to enter text. | | | | | | | |

| **TRAINING #6** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Training:** Click or tap here to enter text. | | | | | | | |
| **Training Description:** Click or tap here to enter text. | | | | | | | |
| **Name of Training Provider:** Click or tap here to enter text. | | | | **Provider Federal ID #:** Click or tap here to enter text. | | | |
| **Name of Training Provider Representative:** Click or tap here to enter text. | | | | | | | |
| **Address:** Click or tap here to enter text. | | | | | | | |
| **City:** Click or tap here to enter text. | | | **State:** Click or tap here to enter text. | | | **Zip:** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | | | | **Fax:** Click or tap here to enter text. | | | |
| **Anticipated training dates:** Click or tap here to enter text. | | | | | | | |
| **Projected Number of Hours of Training:** | | Click or tap here to enter text. | | | **Number of Trainees:** | | Click or tap here to enter text. |
| **Job Title(s) and Length(s) of Employment:**  Click or tap here to enter text. | | | | | | | |
| **Certification Earned:** Click or tap here to enter text. | | | | | | | |
| **BUDGET** | **Instructor Wages/Tuition:** Click or tap here to enter text. | | | | **\*Materials/Supplies/Textbooks:** Click or tap here to enter text. | | |
|  | **\*Other Costs:** Click or tap here to enter text. | | | | **TOTAL COST:** Click or tap here to enter text. | | |
| **\*Please itemize costs related to materials, supplies, textbooks, and other costs here:** Click or tap here to enter text. | | | | | | | |

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| **SECTION 4. *Training Budget*** |
| Businesses/consortia must contribute to the cost of the IWT project, with a minimum contribution of:   * 10 percent of the cost for business locations or consortia with no more than 50 employees * 25 percent of the cost for business locations or consortia with more than 50 employees, but no more than 100 employees * 50 percent of the costs for a business location or consortia with more than 100 employees |

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| --- | --- | --- |
| **BUDGET** | **IWT FUNDING**  **PROVIDED BY WIOA** | **BUSINESS SHARE/**  **CONTRIBUTION\*** |
| **TUITION/COURSE REGISTRATION** | Click or tap here to enter text. | Click or tap here to enter text. |
| **TEXTBOOKS/MANUALS** | Click or tap here to enter text. | Click or tap here to enter text. |
| **TRAINING MATERIAL/ SUPPLIES** | Click or tap here to enter text. | Click or tap here to enter text. |
| **TOTAL COST OF TRAINING\*\*** | Click or tap here to enter text. | Click or tap here to enter text. |

\*Wages paid to employees while attending training may be used as the business’s /training consortium’s contribution to the cost of training.

\*\*The total of funding provided by WIOA and the business share should equal the total cost of training as reflected in the business application and training plan.

**Source of Business Share/Contribution:**

Cash

Employee wages paid during training

In-kind

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| **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 the effective date of the agreement.* |

|  |  |
| --- | --- |
| ***Signature:*** | ***Title:*** Click or tap here to enter text. |
| ***Print Name:***Click or tap here to enter text. | ***Date:*** Click or tap to enter a date. |