

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.			
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:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your business received IWT, RRIWT, or other state or federal funding before?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes:	<input type="checkbox"/> Temporary Layoff Number affected: Click or tap here to enter text.	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

SECTION 1. <i>Business Information</i>			
If yes, please check all applicable services:	<input type="checkbox"/> List Job Openings <input type="checkbox"/> Job Fairs <input type="checkbox"/> Testing & Assessment	<input type="checkbox"/> Mass Hires <input type="checkbox"/> Candidate Search <input type="checkbox"/> Other:	<input type="checkbox"/> 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:			
<input type="checkbox"/> Women owned		<input type="checkbox"/> Asian/American owned	
<input type="checkbox"/> African/American owned		<input type="checkbox"/> Native/American owned	
<input type="checkbox"/> Hispanic/American owned		<input type="checkbox"/> 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. <i>Eligibility Criteria</i>		
Please thoroughly answer all questions. Attach additional sheets if necessary.		
Do business circumstances point to probable layoffs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please describe the business's circumstances. Click or tap here to enter text.		
The requested training will:		
<input type="checkbox"/> Increase employee skills	<input type="checkbox"/> Save jobs within our business (How many? Click or tap here to enter text.)	
<input type="checkbox"/> Address changing skill requirements	<input type="checkbox"/> Result in a credential(s)	
<input type="checkbox"/> Result in wage/pay increases	<input type="checkbox"/> 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.		

SECTION 2. Eligibility Criteria		
Please thoroughly answer all questions. Attach additional sheets if necessary.		
List the credentials expected to result from the IWT program. Click or tap here to enter text.		
Is the business committed to retaining employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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.		

TRAINING #2		
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.		

TRAINING #4		
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.

TRAINING #6		
	*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.		

SECTION 4. Training Budget
Businesses/consortia must contribute to the cost of the IWT project, with a minimum contribution of: <ul style="list-style-type: none"> • 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

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

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.

WIOA Incumbent Worker Training Program

Employer Self-Attestation of Incumbent Worker Eligibility

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. Extension: Click or tap here to enter	Email: Click or tap here to enter text.

Incumbent Worker Definition

The Workforce Innovation and Opportunity Act (WIOA) defines Incumbent Worker as an individual who is:

- Employed;
- Meets the Fair Labor Standards Act requirements for an employer-employee relationship; and
- Has an established employment history with the employer for six months or more, unless the training is being provided to a group/cohort of employees and the majority of employees have been employed with the business for six months or more.

Temporary employees that do not have an employer-employee relationship with the business are not considered incumbent workers (for example, where an employee is employed through a staffing firm). However, periods of temporary employment may count towards an employee's time with the company for the purposes of meeting the six month minimum requirement above.

Attestation

I, [Click or tap here to enter text.](#), signatory authority for [Click or tap here to enter text.](#), attest that the employees identified to be trained have been employed with [Click or tap here to enter text.](#) for 6 months or more, **or** that the majority of employees participating in approved training(s) have been employed for 6 months or more.

I understand that temporary employees that do not have an employer-employee relationship with the business, such as individuals employed through a staffing firm, are not considered incumbent workers and are ineligible to receive incumbent worker training.

I also understand that I may be required to produce employee records documenting the length of employment. Should it be determined that employees trained were not Incumbent Workers as defined by WIOA, I may be required to pay back funds related to this grant.

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.

INSTRUCTIONS: The Initial Trainee Information sheet must be completed and submitted along with the business's RRIWT Application to document the number of employees that will participate in approved training(s) as well as each employee's position and length of employment.

Participant First Name	Participant Middle initial	Participant Last Name	Position Title	Salary/Hourly Rate	Length of Employment
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WIOA Incumbent Worker Training Program

IWT Summary Sheet

*Please return this form to the Department of Employment and Workforce

IWT Number: Click or tap here to enter text.

LWDA Name: Click or tap here to enter text.

Business Name: Click or tap here to enter text.

Business Address: Click or tap here to enter text.

Business City/State/Zip: Click or tap here to enter text.

Business County: Click or tap here to enter text.

Business Phone: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Contact Phone: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

LWDA Agreement Number: Click or tap here to enter text.

Agreement Amount: Click or tap here to enter text.

Agreement Period: Click or tap here to enter text.

Number of Employees in Training: Click or tap here to enter text.

Program Activity Report Due On: Click or tap here to enter text.

Trainee Forms Due within Click or tap here to enter text. Days

Final Report Due within Click or tap here to enter text. Days

WIOA Incumbent Worker Training Program

Agreement Signature Sheet

Please return this form to the Department of Employment and Workforce

Business: Click or tap here to enter text.

Project Title: Click or tap here to enter text.

Agreement Number: Click or tap here to enter text.

Agreement Amount: Click or tap here to enter text.

Contact: Click or tap here to enter text.

Agreement Period: Click or tap here to enter text.

Of Employees to be Trained: Click or tap here to enter text.

Conditions:

- This is a cost reimbursement agreement. The Administrative Entity agrees to reimburse the Business for allowable costs up to, but not exceeding the Agreement Amount, incurred during the delivery of Incumbent Worker Training as outlined in the agreement.
- Trainee Progress Reports must be submitted to the Administrative Entity Choose an item. no later than Click or tap here to enter text. days after the end of the previous Choose an item..
- The Final Program Report must be submitted to the Administrative Entity no later than Click or tap here to enter text. days after the end of the agreement.
- All funds not expended by the end of the Agreement Period will be forfeited to the Administrative Entity.

Authorized Signature(s):

The following individual(s) is/are authorized to sign program and financial reports submitted to the Administrative Entity on behalf of this Business and relating to this Agreement.

Name/Title: Click or tap here to enter text.

Name/Title: Click or tap here to enter text.

Click or tap here to enter text. , hereinafter called the Administrative Entity, hereby enters into an Agreement with the Business named above to implement an Incumbent Worker Training program. The Agreement consists of this Signature Sheet, Program Work Statement, and approved Application and Budget. By signing for the Business named above, I hereby certify that I am an authorized representative of said Business, with the authority to commit the Business to legally binding contracts and agreements.

Administrative Entity: Click or tap here to enter

Business: Click or tap here to enter text.

Name: Click or tap here to enter

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Title: Click or tap here to enter text.

Signature:

Signature:

Date: Click or tap to enter a date.

Date: Click or tap to enter a date.

WIOA Incumbent Worker Training Program

Program Work Statement

Agreement # [Click or tap here to enter text.](#)

This Agreement is entered into by [Click or tap here to enter text.](#) and [Click or tap here to enter text.](#), hereinafter referred to as the Administrative Entity and the Business/Consortium respectively.

1.1 BASIS FOR AGREEMENT

- 1.1.1 Pursuant to the provisions of the Workforce Innovation and Opportunity ACT (WIOA) and its implementing regulations, this agreement is written for the purpose of providing incumbent worker training.
- 1.1.2 This agreement is based on the application submitted by the Business/Training Consortium and negotiated between all parties. The Business/Training Consortium agrees to train employees as described in the approved application and negotiated budget (attached to this agreement).
- 1.1.3 The Business/Training Consortium warrants that the information set forth in the application is true, correct and complete in all material aspects and that, as part of this agreement, may only be amended by prior approval of the Administrative Entity and subject to mutual agreement by all parties.
- 1.1.4 The Administrative Entity is prepared to provide funds as outlined in the approved Budget, a copy of which is attached. These funds shall be expended solely for the purpose of the approved program budget on a reimbursement and performance method of payment.
- 1.1.5 The Administrative Entity's liability under this Agreement is contingent upon the continued availability of appropriated and allocated funds under the Workforce Innovation and Opportunity Act. The Business/Training Consortium agrees that the Administrative Entity shall be the final authority on the availability of such funds.

1.2 TERMS OF AGREEMENT

- 1.2.1 The agreement period is indicated on the signature sheet of this Agreement. Training may not begin prior to the effective date of this Agreement or extend beyond the end date of the Agreement, without prior written approval.
- 1.2.2 During the term of this Agreement, the Business/Consortium agrees to:
 - Comply with all applicable Federal, state and local laws related to Incumbent Worker Training;
 - Cooperate with the Administrative Entity in every reasonable way to ensure the successful delivery of the training program, attainment of specific training objectives, and documentation of training outcomes.
- 1.2.3 Business Eligibility. Employers applying for IWT funding must meet the following requirements:
 - be a South Carolina for-profit or non-profit business;
 - have at least one full-time employee other than the owner of the business;
 - be current on all state tax obligations;
 - be registered in SCWOS and have an active employer account; and
 - agree to comply with the terms of this Agreement.
- 1.2.4 Employee Eligibility. To qualify as an incumbent worker, the individual needs to be:
 - Employed;
 - Meet the Fair Labor Standards Act requirements for an employer-employee relationship; and

- Have an established employment history with the employer for six months or more, unless the training is being provided to a group/cohort of employees and the majority of employees have been employed with the business for six months or more.

By executing this Agreement, the authorized representative attests that all employees receiving who will receive training through the Incumbent Worker Training program meet the six-month work history requirement.

1.2.5 Payments. Payments shall be made to the Business/Training Consortium on a reimbursement and performance basis. The Business/Training Consortium will submit invoices to the Administrative Entity including documentation of expenditures in such detail as to provide for a proper pre-audit and post-audit.

1.2.6 Ineligible Costs. The following activities shall not be funded with any of the grant funds:

- administrative costs incurred by the Business/Training Consortium
- trainee wages or travel
- trainer travel
- training equipment
- capital improvements
- curriculum development
- purchase of any item or service that possibly may be used outside of the training project including computer equipment and non-training related software)
- costs incurred prior to the effective date of the agreement

1.3 BUSINESS/TRAINING CONSORTIUM MATCH REQUIREMENTS

1.3.1 Non-Federal Share. Employers/training consortia participating in IWT are required to pay the non-federal share of the cost of providing training to their employees. The non-federal share shall not be less than:

- 10 percent of the cost of training for a business location with no more than 50 employees;
- 25 percent of the cost of training for a business location with more than 50 employees, but no more than 100 employees; or
- 50 percent of the cost of training for a business location with more than 100 employees.

1.3.2 A training consortium shares in the cost of training incumbent workers based on the total number of employees from all employers in the training consortium. It is the responsibility of the training consortium to determine how to split the cost between the employers in the consortium. This may be done in multiple ways, but it is recommended that the division of costs be determined based on each employers' proportionate share of employees.

1.4 BUSINESS/TRAINING CONSORTIUM REPORTING REQUIREMENTS

1.4.1 SC Works Online Services System (SCWOS). Training projects are performance based with specific measurable outcomes. For performance and reporting purposes, the Business/businesses included in a Training Consortium and all IWT participants must be registered and tracked in SCWOS using their Federal Employer Identification Numbers and Social Security Numbers, respectively.

To eliminate the need for the Business/Training Consortium to provide the employee's full SSN to the Administrative Entity, employees should register in SCWOS using their full SSN once identified as an IWT participant but no later than the first day of training. Subsequent documentation provided by the Business/Training Consortium to the Administrative Entity need only to include the last four digits of the employee's SSN to identify the employee in SCWOS.

1.4.2 Trainee Information Forms. The Business/Training Consortium shall provide an itemized list of individual

trainee/employee information for each training class within [Click or tap here to enter text.](#) days of the start of training. Such information will be used to determine employee eligibility and measure the impact of this training. Only aggregate data will be used; no individual personal information will be reported. This documentation should include:

- Participant's name
- Last four digits of participant's SSN, or participant's full SCWOS User ID or State ID
- Date of Birth
- Gender
- Selective Service Registration
- Citizenship
- Race
- Ethnicity
- Veteran Status
- Disability Status
- Limited English Proficiency
- Highest grade completed
- Attending School
- Current Employment Status
- Current Hourly Wage
- Active Military
- Veteran
- Spouse of Veteran
- Training course name
- Actual training start date
- Projected training end date
- ONET code for training

1.4.3 Expenditure Reports. During the term of this Agreement, the Business/Training Consortium shall submit Cumulative Expenditure Reports and supporting documentation to the Administrative Entity. Invoices and Cumulative Expenditure Reports, inclusive of all expenses up to and including the last day of the month must be submitted no later than the [Click or tap here to enter text.](#) of the following month.

1.4.4 Trainee Progress Reports. On a [Choose an item.](#) basis, the Business/Training Consortium will provide the Administrative Entity with a Trainee Progress Report, which will include sufficient documentation for identification of all participants that would allow for calculation of performance measures and any other outcomes deemed pertinent to the Administrative Entity. Such documentation must include the last four of the employee's Social Security Number, or the employees South Carolina Works Online Services (SCWOS) User ID or SCWOS State ID Number. Trainee Progress Reports must be submitted no later than [Click or tap here to enter text.](#) days from the end of the [Choose an item.](#)

1.4.5 Final Program Reports. Within [Click or tap here to enter text.](#) days of completion of training, or within days of the expiration of this Agreement, whichever occurs first, the Business/Training Consortium will provide the Administrative Entity with documentation of training completion in compliance with the terms and conditions of this Agreement. The Business/Training Consortium will also complete and submit a Final Report, which shall specify:

- original award amount and actual expenditures;
- the start and end dates of the training program;
- the title and a description of the training program;
- the type and a description of the credential(s) earned;
- the number of employees who completed the training program;
- the number of employees who earned a credential;
- the number of promotions or wage increases as a result of completing the training program;
- the number of existing jobs saved;
- the number of new jobs created;
- layoff or closure; and
- other outcomes

The Administrative Entity shall withhold final payment until submission of final Trainee Progress Report(s) and Final Program Reports.

1.5 BUSINESS/TRAINING CONSORTIUM ADMINISTRATIVE REQUIREMENTS

- 1.5.1 **Audit and Records.** During the term of this Agreement, the Business/Training Consortium agrees to comply with the following requirements:
- Maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures for funds provided by the Administrative Entity for a period of three years after conclusion of the Agreement. Such records, books, documents, and other evidence shall be subject at all times to inspection, review, or audit by representatives of the Administrative Entity and/or state personnel responsible for the oversight, monitoring, and evaluation of the Workforce Innovation and Opportunity Act;
 - Submit all bills for fees or other compensation for services or expenses in detail sufficient for a proper pre-audit and post-audit;
 - Maintain financial records and reports related to funds paid to any parties for work on the matters which are the subject of this Agreement; and
 - Include these record-keeping requirements in contracts and subcontracts entered into by the Business/Training Consortium with any party for work required under terms of this Agreement.
- 1.5.2 **Liability.** The Business/Training Consortium assumes the risk of any claims, suits, judgments or damages arising from the Business/Training Consortium's performance of, or failure to perform, the tasks and duties, which are the subject of this Agreement, or from the Business/Training Consortium's participation in the program. The Business/Training Consortium shall indemnify, defend, and hold the Administrative Entity harmless from all claims, suits, judgments or damages arising out of intentional acts, negligence or omissions from the Business/Training Consortium's performance of the tasks and duties, which are the subject of this Agreement.
- 1.5.3 The Business/Training Consortium shall act independently and not as an employee of the Administrative Entity in the performance of the tasks and duties which are specific obligations of the Business/Training Consortium pursuant to this Agreement.
- 1.5.4 **Non-discrimination.** The Business/Training Consortium will not discriminate against any employee employed in the performance of this Agreement, or against any applicant for employment because of race, color, religion, sex, marital status, national origin, sexual orientation, age, disability, political affiliation or belief.
- 1.5.5 **Drug-Free Workplace.** The Business/Training Consortium will provide a drug-free workplace by:
- Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Business/Training Consortium's workplace;
 - Specifying the actions that will be taken against employees for violation of such prohibition;
 - Establishing a drug-free awareness program;
 - Making it a requirement that each employee to be enrolled in training under the grant be given a copy of the statement required by paragraph (a);
 - Notifying the employee that, as a condition of employment, the employee will:
 - abide by the terms of the statement in paragraph (a); and
 - notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
 - Notifying the Administrative Entity within ten (10) days after receiving notice under subparagraph (e)(2) from an employee or otherwise receiving actual notice of such conviction; and
 - Taking one of the following actions within thirty (30) days of receiving notice under subparagraph (e)(2), with respect to any employee who is so convicted –
 - taking appropriate personnel action against such an employee, up to and including termination; and

- requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency; and
- Making a good faith effort to continue to maintain a drug-free workplace.

1.6 MODIFICATION

- 1.6.1 There is no provision for automatic renewal or extension of this Agreement.
- 1.6.2 This writing contains the entire Agreement of the parties. No representations were made or relied upon by any party, other than those that are expressly set forth in this Agreement. No agent, employee, or other representative of any party is empowered to alter any of the terms of this Agreement, unless done in writing, signed, and approved by an authorized signatories of both the Administrative Entity and the Business/Training Consortium. The parties agree to renegotiate this Agreement if revisions of any applicable laws, regulations or decreases in funds availability make changes to this Agreement necessary.

1.7 TERMINATION

In the event that the Business/Training Consortium materially defaults in the performance of any duty, obligation, covenant or agreement imposed on it or made by it in this Agreement, then the Administrative Entity shall provide to the Business/Training Consortium notice of such default. The Business/Training Consortium shall have fifteen (15) calendar days within which to initiate action to correct the default and thirty (30) calendar days within which either to cure the default, or to demonstrate to the satisfaction of the Administrative Entity that corrective action has been taken and will likely result in curing the breach. In the event that the Business/Training Consortium fails to cure the default, the Administrative Entity will have the right to terminate this Agreement.

1.8 GENERAL CONDITIONS

- 1.8.1 The Business/Training Consortium acknowledges and agrees that any expenses incurred beyond the grant funds shall be borne and paid by the Business/Training Consortium. The Business/Training Consortium will be liable for any project funds used for purposes other than payment of costs listed in the approved budget. The Business/Training Consortium shall indemnify and hold the Administrative Entity harmless for claims made by any third party with respect to expenses incurred or activities performed by the Business/Training Consortium in fulfillment of this project.
- 1.8.2 The Business/Training Consortium certifies that agreement funds shall not be used to lobby state or federal legislatures, judiciaries, or agencies.
- 1.8.3 The Business/Training Consortium acknowledges and agrees that:
- Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this agreement by any federal department or agency; and
 - Where the Business/Training Consortium is unable to certify to any of the statements in 1.7.3(a), the Business/Training Consortium shall provide an explanation.
- 1.8.4 The parties agree to comply with all the terms and provisions of this Agreement.

WIOA Incumbent Worker Training Program

Training Plan

Please attach documentation of the training curriculum or plan as made available by the training provider.

TITLE AND DESCRIPTION OF TRAINING		PARTICIPATING EMPLOYEES	PROJECTED START AND END DATES	COST
TITLE:	Click or tap here to enter text.	Click or tap	Click or tap	Click or tap
DESCRIPTION:	Click or tap here to enter text.			
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GRAND TOTALS		Click or tap	XXXXXXXXXX	Click or tap

**WIOA Incumbent Worker Program
Training Budget**

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

WIOA Incumbent Worker Training Program Modification Agreement

Business: Click or tap here to enter text.

LWDA Agreement Number: Click or tap here to enter text. **Modification #:** Click or tap here to enter text.

Effective Date of Modification: Click or tap here to enter text.

Reason(s)/Justification for Modification: Click or tap here to enter text.

Change to the Number of Trainees		Change to the Training Budget	
Planned Number of Trainees:	Click or tap here to enter text.	Previous Agreement Amount:	\$Click or tap here to enter text.
Trainees increased by:	Click or tap here to enter text.	Amount increased by:	\$Click or tap here to enter text.
Trainees decreased by:	Click or tap here to enter text.	Amount decreased by:	\$Click or tap here to enter text.
New Number of Trainees:	Click or tap here to enter text.	New Agreement Amount:	\$Click or tap here to enter text.

Change to the Length of Agreement			
Previous Agreement Period:		New Agreement Period:	
Agreement Start Date:	Click or tap here to enter text.	New Agreement Start Date:	Click or tap here to enter text.
Agreement End Date:	Click or tap here to enter text.	New Agreement End Date:	Click or tap here to enter text.

Authorized Signature Change(s)	
<i>Previously Authorized Signatures:</i>	<i>Newly Authorized Signatures:</i>
Name: Click or tap here to enter text. Title: Click or tap here to enter text.	Name: Click or tap here to enter text. Title: Click or tap here to enter text.
Name: Click or tap here to enter text. Title: Click or tap here to enter text.	Name: Click or tap here to enter text. Title: Click or tap here to enter text.
Name: Click or tap here to enter text. Title: Click or tap here to enter text.	Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Except as modified above, all terms and conditions of the Agreement between [Click or tap here to enter text.](#) and [Click or tap here to enter text.](#) remain unchanged and in full force for the period of this Agreement.

Administrative Entity:

Business:

Authorized Signature

Authorized Signature

Title: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

Title: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

TRAINEE PROGRESS REPORT		
Business Name: Click or tap here to enter text.	Report Date: Click or tap to enter a date.	Type of Report: Choose an item.
Authorized Business Representative Signature:		
Authorized Business Representative Name/Title: Click or tap here to enter text.		
Training Course Name: Click or tap here to enter text.	Training Provider: Click or tap here to enter text.	Training Date(s): Click or tap here to enter text.

Last 4 Digits of Social Security #, SCWOS User Name or SCWOS State ID #	NAME (Last Name, First, MI)	Actual Training Start Date	Actual Training End Date	Completed Training (y/n)	Type of Credential or Certificate
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Last 4 Digits of Social Security #, SCWOS User Name or SCWOS State ID #	NAME (Last Name, First, MI)	Actual Training Start Date	Actual Training End Date	Completed Training (y/n)	Type of Credential or Certificate
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Last 4 Digits of Social Security #, SCWOS User Name or SCWOS State ID #	NAME (Last Name, First, MI)	Actual Training Start Date	Actual Training End Date	Completed Training (y/n)	Type of Credential or Certificate
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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