**­­WIOA Incumbent Worker Training Program**

Employer Application

| **SECTION 1. *Business Information*** |
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| **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:** | [ ]  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. |
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| **Please describe the business’s product(s) and/or service(s):** Click or tap here to enter text. |
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| **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.** |
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| **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 requestedmust be attached to the application.  |

| **TRAINING #1** |
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| **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** |
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| **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** |
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| **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** |
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| **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. |