
Incumbent Worker Training Program Guidelines & Application Midlands Workforce Investment Area

PROGRAM GUIDELINES

The Incumbent Worker Training (IWT) Program is funded by the Federal Workforce Investment Act (WIA). Applications for funding in the Midlands Workforce Investment Area are open to all South Carolina companies meeting the guidelines listed below.

Business Applying For Funding:

- ◆ Must be a private for profit or non-profit business (government agencies are not eligible)
- ◆ Must have been in operation in South Carolina for a minimum of one year prior to application date to be eligible for grant funding
- ◆ Must be current on all state tax obligations
- ◆ Must have at least one full-time employee (not counting the business owner) and have no more than 400 fulltime employees
- ◆ Employers must provide a matching contribution to the training project that shall not be less than:
 - (1) 10% of the costs for businesses with 50 or fewer employees
 - (2) 15% of the costs for businesses with more than 50 employees, but fewer than 100 employees
 - (3) 25% of the costs for businesses with 100 or more employees

Priority Will Be Given to Training Proposals that Result in the Following:

- ◆ Use of the Midlands Workforce Investment Area's *WorkKeys*™ job profiling and assessment services and *Worldwide Interactive Network Career Solutions*™ training; and/or,
- ◆ Use the staffing resources of, or otherwise partner with the Midlands One Stop system or youth programs; and/or
- ◆ A significant upgrade in employee skills; and/or,
- ◆ Employee wage increases as a result of training; and/or,
- ◆ A significant layoff avoidance strategy; and/or,
- ◆ Trainee retention opportunities; and/or,
- ◆ Trainee receipt of a portable credential upon successful completion of training; and/or
- ◆ Training opportunities to businesses that have not received an IWT award during the prior or current program year

Training Services:

- ◆ Can be provided through South Carolina's technical colleges, school districts, area vocational-technical centers, state universities, or licensed and certified private entities/institutions
- ◆ Can be conducted at the business's own facility, at the training provider's facility or at a combination of sites
- ◆ Instructors can be either full or part-time educators or professional trainers from the business

Reimbursable Training Expenses:

- | | |
|-----------------------------------|--------------------------|
| ◆ Instructors'/trainers' salaries | ◆ Textbooks/manuals |
| ◆ Curriculum Development | ◆ Materials and supplies |

Non-Reimbursable Costs:

- ◆ Trainee wages
- ◆ Trainee travel
- ◆ Training equipment
- ◆ Capital improvements
- ◆ Purchase of any item or service that may possibly be used outside of the training project
- ◆ Costs incurred prior to the approval date of the application

Grant Awards:

- ◆ With the high demand and limited funding available, all applications will be evaluated to leverage other state, federal and private funds with Incumbent Worker Training funds
- ◆ Business approved for funds must sign an agreement to complete the training project as proposed
- ◆ Business must keep accurate records of the project's implementation process
- ◆ Business must submit reimbursement requests with required documentation

Project Completion:

- ◆ Training projects are performance based with specific measurable outcomes, including the completion of the training and job retention
- ◆ Business will provide sufficient documentation for identification of all employee trainees for calculation of performance measures and outcomes deemed pertinent to the local workforce system.
- ◆ Last payment will be withheld until the final report is submitted and all performance criteria specified in the grant agreement have been achieved to include:
 - (1) Submission of required documentation
 - (2) Employer matching contribution requirement

APPLICATION INSTRUCTIONS

Complete the attached IWT Program Application. Any information or documentation that cannot be supplied in the provided space should be identified by the relevant question number and attached to the back of the application form. Submit one original and three (3) copies of the signed completed application to:

**ATTN: IWT Application
MIDLANDS WORKFORCE INVESTMENT AREA
100 Executive Drive, Suite 218
Columbia, SC 29210**

YOUR APPLICATION MUST BE RECEIVED AT THE ADDRESS ABOVE BY 12:00 PM (Noon) JULY 21, 2005. YOU MAY FAX OR E-MAIL YOUR APPLICATION TO MIKE CAULDER (SEE BELOW). HOWEVER, AN ORIGINAL SIGNED APPLICATION AND THREE COPIES MUST BE RECEIVED IN THE MWIA OFFICE BY THE DEADLINE. YOU SHOULD NOT PLAN TO BEGIN TRAINING FOR AT LEAST 30 DAYS AFTER THE APPLICATION DEADLINE.

If you have any questions or need assistance in completing the application, please contact:

**Midlands Workforce Development Board
100 Executive Center Drive, Suite 218
Columbia, SC 29210
Fax: (803) 744-1671**

Mike Caulder
Phone: (803) 744-1670 ext 105
E-mail: mcaulder@mwdb.org

Tammy Beagen
Phone: (803) 744-1670 ext 103
E-mail: tbeagen@mwdb.org

Incumbent Worker Training Program Grant Application

LWIA ADMIN. USE ONLY

Date Received

Date

Approval/Disapproval

SECTION 1. Company Information:

Company Name:			
Authorized Company Representative:		Title:	
Phone:	Ext.:	Fax:	
Email:		Website Address:	
Street/Mailing:			
City:		ZIP:	County:
Date of Inception:			
Years in Business:		Total Number of Full-time Employees:	
Total Number of Part-time Employees:		Legal Structure of Business:	
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation (Designation:		<input type="checkbox"/>)	
Employer's Federal ID #:		Unemployment Comp ID #:	
South Carolina Sales Tax Reg. #:		NAICS Code:	
Is your company current on all State of South Carolina tax obligations? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Please estimate the total amount your company will spend on training this year.			
Is your company receiving/applying for other public training funds? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes explain:			
Has this business site had an IWT agreement before?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when:	
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:	
<input type="checkbox"/> Permanent Layoff		Number affected:	
Has the business or part of the business relocated operations within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes:		Relocated from:	
Relocated to:		Date of Relocation:	
Does your company use One-Stop Center Services? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes, please check all applicable services:		<input type="checkbox"/> List Job Openings	
<input type="checkbox"/> Job Fairs		<input type="checkbox"/> Mass Hires	
<input type="checkbox"/> Testing & Assessment		<input type="checkbox"/> Other	
<input type="checkbox"/> On-the-Job Training (OJT)		(Employees cannot participate in both WIA funded OJT and IWT simultaneously)	
If no, reason:			
Type/description of your business, product(s) and/or service(s):			
Amount of Grant Request:		Number of trainees:	
Start Date:		End Date:	
Our company is minority owned. (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):	

SECTION 2. Training Provider Information:

Please check the appropriate boxes:		
<input type="checkbox"/> We intend to use a public training organization	<input type="checkbox"/> We will use a private training organization	
<input type="checkbox"/> We will use a private instructor	<input type="checkbox"/> We will use an employee to train our employees	
<input type="checkbox"/> Training will be delivered on-site	<input type="checkbox"/> Training will be delivered at an educational institution	
<input type="checkbox"/> Training will be delivered at a remote location. (Please specify location):	<input type="checkbox"/> Training will be provided during paid work hours	
Name of Training Provider(s):		
Name of Training Provider Representative:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	

SECTION 3. Training Project Information:

Describe the proposed training project – by type of training or course name, provide the following:

1. number of employees to be trained
2. job titles and departments (as appropriate) of employees to be trained
3. number of hours of training
4. how cash or shared costs will be invested in the training project (include in proposed budget under Employer Contribution)
5. identification of any resulting certifications/credentials to be earned by trainees
6. anticipated wage advancement (hourly increase or %) expected to result from training
7. how layoffs will be avoided through this training or retention will result (if appropriate)
8. how MWIA WorkKeys and/or WIN will be coordinated or made a part of the proposed training
9. how the applicant intends to use MWIA One Stop services or otherwise partner with the Midlands One Stop system.

Special Note: Proposals should include a discussion of how training schedules will be met. Specifically, if the applicant receives funding under this grant, assurances that training will be conducted as scheduled should be included in this section of the proposal. MWIA reserves the right to limit changes in the dates, times and courses offered based on adequate justification of the need for such changes

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Total Number of Employees: _____ (Include Full and Part-time)
Employer Contribution: _____ Budget Total: _____
% of Budget: _____ (Emp. Contrib. ÷ Budget Total)

SECTION 4. Training Program Budget

Please use this as a guide. You may include other items for consideration as required. Show all formulas used to calculate totals as indicated. **BE SPECIFIC.**

Note: Training funds cannot be used to reimburse any training costs occurring before the application is approved. Please take this into account when developing your budget and timeline.

BUDGET CATEGORY	IWT ASSISTANCE REQUESTED	*EMPLOYER CONTRIBUTION	TOTAL
Instructor Wages/Tuition (Break out costs for individual programs including total hours and instructor wages – include instructor led WIN training, (as appropriate))	_____	_____	_____
Curriculum Development (WorkKeys job profiling goes here, if included in this proposal)	_____	_____	_____
Materials/Supplies Textbooks (itemize – include costs of WIN materials and supplies as appropriate)	_____	_____	_____
Training Equipment Purchase (itemize)	XXXXXXXXXX	_____	_____
Other Costs (describe)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Travel	XXXXXXXXXX	_____	_____
Trainee Wages	XXXXXXXXXX	_____	_____
Total	_____	_____	_____

- * Employers must provide a matching contribution to the training project that shall not be less than:
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SECTION 5. Anticipated Outcomes of the Training Project

Please check the boxes that apply to the anticipated outcomes of the proposed training project. *Attach a brief statement to this application for each checked box explaining "how" and/or "why" this training would result in the specific outcome.*

<input type="checkbox"/> Critical to the long-term viability of our company	<input type="checkbox"/> Critical to the short-term viability of our company
<input type="checkbox"/> Important to the stated mission of our company	<input type="checkbox"/> Would lower employee turnover in our company
<input type="checkbox"/> Would increase the profitability of our company	<input type="checkbox"/> Would save jobs within our company How many?
<input type="checkbox"/> Would create new jobs within our company. How many?	<input type="checkbox"/> Would improve the long-term wage levels of trainees %
<input type="checkbox"/> Would improve the short-term wage levels of trainees %	<input type="checkbox"/> Would assist in the improvement of international trade opportunities
<input type="checkbox"/> Would assist in the training of veterans	<input type="checkbox"/> Would assist in the training of minorities
<input type="checkbox"/> Would assist in the training of the disabled	<input type="checkbox"/> Would assist welfare-to-work participants
<input type="checkbox"/> Would help prevent company from having to relocate its operations	<input type="checkbox"/> Would create openings in entry-level positions How many?
<input type="checkbox"/> Would result in employees receiving a recognized certification/credential Number of employees to receive certifications/credentials	
<input type="checkbox"/> Would be an important component of our company's overall workforce employee development efforts	

How did you learn about the WIA Incumbent Worker Training Program?

SECTION 6. Certification by Authorized Company Representative

As an authorized representative of the company listed above, I hereby certify that the information listed above 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 training award approved through this program.

Signature:	Title:
Print Name:	Date:

Mail original and 9 copies to:

**Attn: Incumbent Worker Training
Midlands Workforce Development Board
100 Executive Center Drive, Suite 218
Columbia, SC 29210**

OR e-mail or fax and follow up via mail with original and 8 copies:

Email: mcaulder@mwdb.org
Fax: (803) 744-1671
Phone: (803) 744-1670 ext 105

or

Email: tbeagen@mwdb.org
Fax: (803) 744-1671
Phone: (803) 744-1670 ext 103