

Incumbent Worker Training Program Funding Application

ADMIN. USE ONLY
Date Received
Date Approved or Disapproved

SECTION 1. Business Information

Business Name:		
Authorized Business Representative:		Title:
Phone:	Extension:	Fax:
Email:		Website Address:
Street/Mailing:		
City:	County:	Zip:
Describe your business, its product(s) and/or service(s):		
Date Location Established:		Total Number of Employees:
Is your business current on all South Carolina and Federal tax obligations?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Business' Federal ID #:	Unemployment Comp ID #:	
South Carolina Sales Tax Reg. #:	NAICS Code:	
Has the business experienced a layoff in the last 120 days?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, was this a:	<input type="checkbox"/> A Temporary Layoff (Number affected: _____)	OR <input type="checkbox"/> A Permanent Layoff (Number affected: _____)
Is your business receiving/applying for other public training funds?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what funds?		
Has this business location had an IWT agreement before?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when:		
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:	Relocated to:	Date of Relocation:
Does your business use SC Works Center Services?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please check all SC Works Center Services you use:	<input type="checkbox"/> List Job Openings	<input type="checkbox"/> Mass Hires
	<input type="checkbox"/> Job Fairs	<input type="checkbox"/> Other
	<input type="checkbox"/> Testing & Assessment	<input type="checkbox"/> On-the-Job Training (OJT) (Employees cannot participate in both funded OJT and IWT simultaneously)
If no, why?		
How did you hear about Incumbent Worker Training?		
If your business is minority owned, please check one of the boxes below:		
<input type="checkbox"/> Women-owned	<input type="checkbox"/> Hispanic/American owned	<input type="checkbox"/> Native/American owned
<input type="checkbox"/> African/American owned	<input type="checkbox"/> Asian/American owned	<input type="checkbox"/> Other minority owned (specify):
Amount of Request:		Number of employees to receive training:
Start Date:		End Date:
Type(s) of training proposed (ex: Computer, Maintenance, Quality, etc.):		

SECTION 2. Training Project Information: (up to 6 training programs may be requested on each application. If you would like to request more, please complete additional applications as necessary.)

Please list in order of priority for your organization.

TRAINING #1		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(s):		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #2		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(s):		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #3

Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(s):		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #4

Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
# of Hours of Training:	# of Trainees:	
Job Title(s):		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #5

Name of Training:

Training Description:

Training Institution/School:

Address:

City:

State:

Zip:

Phone:

Name of Trainer (if in-house):

Anticipated training dates:

of Hours of Training:

of Trainees:

Job Title(s):

Certification Earned:

BUDGET

Instructor Wages/Tuition:

*Materials/Supplies/Textbooks:

*Other Costs:

TOTAL COST:

*Please itemize costs related to materials, supplies, textbooks, and other costs here:

TRAINING #6

Name of Training:

Training Description:

Training Institution/School:

Address:

City:

State:

Zip:

Phone:

Name of Trainer (if in-house):

Anticipated training dates:

of Hours of Training:

of Trainees:

Job Title(s):

Certification Earned:

BUDGET

Instructor Wages/Tuition:

*Materials/Supplies/Textbooks:

*Other Costs:

TOTAL COST:

*Please itemize costs related to materials, supplies, textbooks, and other costs here:

SECTION 3. Eligibility Criteria: Please check and explain all that apply (attach additional sheets if necessary)

Training is necessary due to: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Business expansion
(Business is not eligible for ReadySC program and has been located in South Carolina for at least 120 days) | <input type="checkbox"/> Changing industry requirements |
| <input type="checkbox"/> Retooling of our business processes | <input type="checkbox"/> The introduction of new services/product lines |
| <input type="checkbox"/> New Organizational structuring | <input type="checkbox"/> Business/location start-up
(Business is not eligible for ReadySC program and has been located in South Carolina for at least 120 days) |
| <input type="checkbox"/> New Technology | <input type="checkbox"/> Competitive Business expansion |

Please provide an explanation supporting the needs you selected above. (attach additional sheets if necessary)

The proposed training would:

- | | |
|---|--|
| <input type="checkbox"/> Significantly increase employee skills | <input type="checkbox"/> Save jobs within our business (How many?) |
| <input type="checkbox"/> Result in employee wage increases | <input type="checkbox"/> Help prevent business relocation |
| <input type="checkbox"/> Address identified skill gaps | <input type="checkbox"/> Provide certifications or industry recognized credentials |

Please provide an explanation supporting how the proposed training would accomplish the selections above. (attach additional sheets if necessary)

SECTION 4. Training Program Budget

BUDGET CATEGORY	TRAINING ASSISTANCE REQUESTED	BUSINESS MATCHING CONTRIBUTION	TOTAL
INSTRUCTOR WAGES/TUITION			
MATERIALS/SUPPLIES/ TEXTBOOKS			
TRAINING EQUIPMENT PURCHASED	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
OTHER COSTS			
TRAVEL	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
TOTAL			

Businesses must provide a matching contribution to the training project that shall not be less than:

- (1) 10% of the costs for those with 50 or fewer employees
- (2) 15% of the costs for those with more than 50 employees, but fewer than 100 employees
- (3) 25% of the costs for those with 100 or more employees

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 effective date of the agreement.

Signature:	Title:
Print Name:	Date: