



Iowa's Business Engagement and Training Opportunity Project
Incumbent Worker Training Application

Company/Association Name _____

Federal Tax ID Number: _____ NAICS Code: _____

Name and Title of Contact Person: _____

Address of Company/Association: _____

City and Zip Code: _____

1. Briefly describe your company/association: _____

Three horizontal lines for describing the company/association.

2. Briefly describe your proposed training project: _____

Three horizontal lines for describing the proposed training project.

3. What is the outcome(s) of the training? Please check all that apply. Documented verification of all outcomes is required to be submitted at the completion of the training.

A. The introduction of new technologies

B. Introduction to new production or service procedures

C. Improve the occupational skills of the employers' workforce

D. Raise the skill level of workers that leads to promotion while increasing worker productivity

E. Upgrading to new jobs that require additional skills, especially that result in the creation of entry level positions

F. Increase individual's wages

G. Reduction in employee turnover

For office use only:
IWD Region: _____

- H. Enhance the employers' ability to avoid layoffs
- I. Support workers potential need to transition to other occupations if their job is no longer viable
- J. Provide workers with updated transferable skills to enhance their ability to transition to other occupations and/or careers

- 4. Attach the training outline(s) and/or curriculum.
- 5. Attach a list of employees to be trained (complete the attached spreadsheet).
- 6. Training Start Date: _____ Training End Date: _____
- 7. Name and address where the training will take place: _____

- 8. If in-house training will be conducted by the employer, is/are the instructors certified by an outside body or organization to provide this training?
_____ Yes _____ No
- 9. What will you do to assure job retention (e.g., mentoring, ongoing learning, job shadowing, etc.)? _____

10. Total Cost \$ _____ (attach the itemized budget page)

11. Do you have a training agreement with your local community college? If so, is it for training current employees under Iowa's Job Training Program (260F)?

_____ Yes _____ No _____ We do not have a current training agreement

Or is your training agreement for creating new positions or new jobs under the Iowa New Jobs Training Program (260E)?

_____ Yes _____ No _____ We do not have a current training agreement

As their employer of record, I certify that each of the incumbent workers included in this training proposal is 18 years of age or older and is eligible to work in the United States.

Company/Association Representative

Name (printed)

Title

Signature

Date

For office use only:
IWD Region: _____

Iowa's Business Engagement and Training Opportunity Project Incumbent Worker Training

Thank you for your interest in Iowa Workforce Development's Business Engagement and Training Opportunity project.

The purpose of the Incumbent Worker Training Component of the project is to support the development of partnerships and business engagement strategies that ultimately result in Iowa's workers receiving competency-based training that will allow them to quickly adapt to changes in their current occupation or industry.

The funding available for training under this component is for companies and/or associations and their incumbent worker. The state of Iowa defines an incumbent worker as currently-employed workers whose employers have determined that the workers require training in order to help keep their firms competitive and the subject workers employed, avert layoffs, upgrade workers' skills, increase wages earned by employees and/or keep workers' skills competitive. This also includes those workers in a layoff with recall rights when an employer has provided a date for anticipating when workers will be recalled to work.

If you have questions about your eligibility to apply for this project or general questions about the application process, please call Leslie Schmalzried, WIA/TAA Program Coordinator, at 515-281-8084 or email Leslie at: Leslie.Schmalzried@iwd.iowa.gov. Additional information about Iowa's Early Warning System and Layoff Aversion Project is available at the following website: <http://www.iowaworkforce.org/aversion/>.

Application Guidance and Definitions

The following is a checklist of all items to be submitted to Iowa Workforce Development as your application for funding for Incumbent Worker Training for your company or association's workers:

- **Completed Incumbent Worker Training Application**
 - **Company/Association Name:** self explanatory
 - **Federal Tax ID Number:** self explanatory
 - **NAICS Code:** The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. Please see the following website for additional information or to locate your company/association's NAICS Code: <http://www.census.gov/eos/www/naics/>
 - **Name and Title of Contact Person:** Please provide us with the contact persons for your company/association that we may call in case we have additional questions about your application.
 - **Address of business and city and zip code:** self explanatory
 - **Briefly describe your company/association:** Please provide us with a snapshot of your company/association. Be sure to include the number of years you have been in business and an overview of your primary business/association services or products.
 - **Briefly describe your proposed training project:** Please provide us with an overview of your proposed training project. This should not be more than one-page in length. Be sure to include enough information to ensure that we understand the necessity and the benefits of this training to you and your workers.
 - **What is/are the outcome(s) of the training?** As you think through each of the 10 items listed (A through J) consider whether or not your proposed training project includes each of the outcomes. Feel free to check as many of the items as you feel apply to your project. **Please note** that at the completion

For office use only:

IWD Region: _____

of the training, we will ask you to document how the training assisted you in meeting each of the outcomes you selected. We will provide you with a one-page Final Report for you to use in documenting these outcomes.

- **Attach training outline(s) and/or curriculum:** Please attach a copy of a training outline for the proposed training to your application. Be sure to include with the outline, the number of hours required for the completion of the training and the type of certificate/certification received by employees/trainees upon completion. If training does not include an industry-recognized certification, please explain how the training will increase the skill level of each employee. You may include a website address for the curriculum if you believe that would be helpful in our review of your request.
- **Attach a list of employees to be trained:** A spreadsheet is included with this application for you to provide us with the information needed for each employee that you will include in the proposed training. As a requirement of federal funding, all employees must be 18 years of age or older and all incumbent workers must be eligible to work in the United States. The type of training and number of hours of training is required to be identified for each employee. In addition, funding outcomes are tracked by various types of demographics and the employer is requested to provide the information in the spreadsheet format provided with this application. Please see the following definitions when completing the spreadsheet:
 - **Race**– Please ask each employee you are including in the training project to self-identify his or her race and ethnicity. Note: An individual may be included in one or more of the racial designations.
 - American Indian or Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America) who maintains cultural identification through tribal affiliation or community recognition.
 - Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., India Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, Bhutan). This area includes for example, Cambodia, China, Japan, Korea, Malaysia, the Philippine islands, Thailand and Vietnam.
 - Black or African American – A person having origins in any of the black racial groups of Africa.
 - Hawaiian Native or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
 - **Ethnicity** – Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South America or other Spanish culture or origin, regardless of race.
 - **Selective Service Registrant** – Those individuals required by Section 3(a) of the Military Selective Service Act to present themselves for registration. Please indicate whether or not the employee is or is not a selective service registrant. Please visit the following website for additional information and to verify an employee’s registration: www.sss.gov or call 1-847-688-6888.
 - **Veteran Status** – Veteran status is defined as follows:
 - Veteran – An individual who served in the active U.S. military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable, which may include National Guard or Reserve personnel.
 - Campaign-Related Veteran – a veteran as identified above, who served on active duty in the U.S. armed forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
 - Disabled Veteran – A veteran, as defined above, who is a) entitled to compensation, regardless of rate (including those rated 0%) for a disability under laws administered by the

For office use only:

IWD Region: _____

Department of Veterans' Affairs (DVA) or b) an individual who was discharged or released from active duty because of a service-connected disability.

- Special Disabled Veteran – A disabled veteran with a disability rating at 30 percent or more.
 - Recently Separated Veteran – A veteran, as defined above, who will be included in this training project within 48 months of discharge or release from active military, naval, or air service.
 - Military Spouse – An individual who is married to an active duty service member including National Guard or Reserve personnel on active duty. The surviving spouse of an active duty service member who lost his or her life while on active duty service in Afghanistan, Iraq or other combat-related areas is considered to be a military spouse.
 - Active duty – Is defined as meaning full-time duty in the Armed Forces, including the Coast Guard, but excluding duty for training in the Reserves or National Guard.
- **Training start date and training end date:** Self-explanatory.
 - **Name and address where the training will take place:** Self-explanatory
 - **If in-house training will be conducted by the employer, is/are the instructors certified by an outside body or organization to provide this training?** In order to answer this question, please use the following definition of certification: The proposed instructor(s) is/are certified by a professional, industry or employer organization (e.g., National Institute for Automotive Service Excellence certification, National Institute for Metalworking Skills, Inc., Machining Level I credential) or a product manufacturer or developer (e.g., Microsoft Certified Database Administrator, Certified Novell Engineer, Sun Certified Java Programmer) using a valid and reliable assessment of an individual's knowledge, skills and abilities. **Or** the proposed instructor(s) is/are certified by a public regulatory agency, upon an individual's fulfillment of educational, work experience or skill requirements that are legally necessary for an individual to use an occupational or professional title or to practice an occupation or professional (e.g., Federal Aviation Administration (FAA) aviation mechanic certification, state certified asbestos inspector).
 - **What will you do to assure job retention?** Self-explanatory
 - **Total Cost:** Please see the attached itemized budget page. In addition to the budget page, please attach a current payroll register verifying the hourly rate for each employee to be trained.
 - **Training agreements with local community college for one of Iowa's workforce training programs sponsored by Iowa Department of Economic Development:** Self-explanatory

In addition to your completed application, program budget and employee sheet, please include the following:

- Letter of financial stability from an officer of the company/association that indicates maintaining or increasing current business levels in the next year and current status of local, state, and federal tax and financial obligations. Please note that financial statements from the last three years may be requested to determine level of existing debt and positive net worth.
- Statement from company official indicating intent to remain in Iowa (can be included with letter of financial stability).
- Statement indicating that funding does not supplement or supplant current training efforts; employer will post current and future openings with Iowa Workforce Development.
- Please note that no funds will be disbursed for incumbent training for any business that has relocated, until the date that is 120 days after the date on which such business relocates, if the relocation of such business or part of a business results in the loss of employment for any employment at the original location and such original location is within the United States.

For office use only:

IWD Region: _____

**Iowa’s Business Engagement and Training Opportunity Project
Incumbent Worker Training**

Program Budget

Please use this as a guide. Start with the total Column. You may include other items for consideration as required. The program budget for the training *may include* the costs of the instructor salary or tuition (e.g., community college course); space rental; necessary classroom supplies and books or workbooks directly related to the proposed training). The program budget for training *may not include* costs related to purchasing property. Property is defined as tangible items having a useful life of more than one year and: 1)the acquisition value per unit is \$5,000 or more; or 2) it involves the purchase of like items, which individually cost less than \$5,000, but the cumulative cost will exceed that amount during the fiscal year; or 3) it involves the purchase of a personal computer (PC), logic units (hard drive, routers, servers, hubs, etc.) or monitor; or 4) items of any cost to form a unit, with a combined cost of \$5,000 or more.

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

Employer contributions must be 33% (50% for new worker customized training) or greater for employers with less than 100 employees, 50% or greater for employers with 100 or more employees or for employers requesting funds to train potential new workers. Contribution can be cash or in-kind.

Note: Iowa Workforce Development requests employers to cover trainees’ wages as an employer’s match requirement. Iowa Workforce Development will consider funding trainee wages only for special circumstances on a case-by-case basis.

Budget Category	IWD Assistance Requested	Employer Contribution	Total
Instructor Wages (Break out cost for individual programs including total hours and instructor wages)			
Curriculum Development			
Materials/Supplies/Textbooks (Itemize)			
Training Equipment (Itemize)			
Space or Location Costs			
Other Costs (Describe)			
Travel			
Trainee Wages (Attach payroll register)			
Total			

For office use only:
IWD Region: _____

