

**ALABAMA WORKFORCE INVESTMENT SYSTEM**

**Department of Economic and Community Affairs  
Workforce Development Division  
401 Adams Avenue  
Post Office Box 5690  
Montgomery, Alabama 36103-5690**

**GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2009-10**

**SUBJECT:** 2009 Incumbent Worker Training Program

- 1. Purpose.** To announce the rescission of the previously released Incumbent Worker Training Program Directives, GWDD PY2000-29 and all subsequent changes, and to transmit the newly instated Incumbent Worker Training Program Guidelines and Application as developed and administered by the Governor's Office of Workforce Development.
- 2. Discussion.** The Incumbent Worker Training Program (IWTP) is designed to help offset the cost associated with skills upgrade training for fulltime employees of Alabama businesses. Pursuant to Executive Order Number 36, the IWTP is programmatically administered by the Governor's Office of Workforce Development (GOWD) with fiscal administration and oversight by the Alabama Department of Economic and Community Affairs (ADECA).

Deadlines to submit IWTP applications for funding consideration are August 31, 2010 and February 28, 2011.

- 3. Action.** Please read and adhere to the current *Incumbent Worker Training Program Guidelines and Application*, attached. This information is also to be made available to all interested Program applicants. Access to the Guidelines and Application are available through the Governor's Office of Workforce Development website: [www.owd.alabama.gov](http://www.owd.alabama.gov) via the Links page.

Please archive and cease to use all previously released IWTP Program Guidelines and Applications (January 2001 – March 2009) forms as they are no longer valid.

- 4. Contact.** Any questions regarding this Directive should be addressed to Sara Calhoun, Workforce Development Division, at (334) 353-1632. Any inquires regarding the Incumbent Worker Training Program should be directed to Dr. Amy Brabham, GOWD, Associate Director, Business and Education Services Division at (334) 293-4708 or Andy Benefield, GOWD, Business and Economic Development Representative at (334) 293-4723.

  
Matthew Hughes, Director  
Office of Workforce Development

Attachments

**State of Alabama**

**INCUMBENT WORKER TRAINING PROGRAM**



**GUIDELINES and APPLICATION**

*Current as of April 27, 2010*

**Governor's Office of Workforce Development**

**[www.owd.alabama.gov](http://www.owd.alabama.gov)**

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# **ALABAMA INCUMBENT WORKER TRAINING PROGRAM GUIDELINES**

## **WHAT IS THE INCUMBENT WORKER TRAINING PROGRAM?**

A company's bottom line is compromised when employees lack the skills needed for maximum productivity. The Alabama Incumbent Worker Training Program (IWTP) is designed to help existing businesses avert layoffs, reduce turnover, and become more competitive by providing skills upgrade training for employees. The IWTP is funded by state allocations and the federal Workforce Investment Act (WIA), and is managed by the Governor's Office of Workforce Development (GOWD). The Alabama Department of Economic and Community Affairs (ADECA) is the fiscal administrator. Alabama's IWTP funds are aimed at: 1) upgrading skills training of full-time company employees, 2) increasing employee wages, and 3) promoting business retention and competitiveness efforts.

## **WHAT IS AN ELIGIBLE INCUMBENT WORKER?**

An incumbent worker is:

- A paid full-time employee (average minimum of 32 hours employment per week) of the applicant business,
- Registered with Selective Service as required,
- At least 18 years of age, and
- A citizen of the United States or a non-citizen whose status permits employment in the United States.

Volunteers and board members of businesses are not eligible for training under this grant. For the purpose of the IWTP funds, any incumbent worker to be trained must be working at a facility located in Alabama or working for a staffing agency and placed at an Alabama facility.

## **WHAT BUSINESSES ARE ELIGIBLE TO APPLY?**

Alabama for-profit businesses that:

- Have been in operation for a minimum of two years prior to the application dates,
- Have at least one full-time permanent employee other than the owner of the business,
- Are current on all federal and state tax and license obligations, and
- Are financially viable.

## **WHAT BUSINESSES ARE NOT ELIGIBLE TO APPLY?**

The following businesses are not eligible to apply for funds.

- A business currently receiving training services funded through state or federal resources that are a duplication of training outlined in the proposed IWTP project (e.g., WIA funds to support on-the-job training at the company; customized training provided through a state or federal grant to the training provider).
- A business that has received funds (state or federal) either directly or indirectly within the past two years from date of application under any previous training initiative, and the terms of the agreement for training have not been met.
- A business that is a training provider.
- A labor union.
- A local, state, or federal government entity.
- Any business or business division that has relocated to Alabama within the past 120 days prior to application, and the move resulted in any employee losing his/her job at the original location.
- After accumulating \$75,000 in funding assistance, a company must wait 10 years from the end date of its last contract, before being eligible to reapply.

- A business that has received IWTP funds under a previous agreement and at least 12 months have not expired from the ending date of that agreement.

**WHAT TYPES OF TRAINING CAN BE FUNDED BY THE IWTP?**

The only activities that will be considered for funding are those for which the applicant can demonstrate a positive effect on business operations. Costs of attending conferences are not reimbursable under the IWTP. Training may be provided through Alabama’s public education and training institutions, in- or out-of-state private training organizations, professional trainers hired by the company or a combination of training providers. Training may be conducted at the business’s facility, the training provider’s facility, or at another specialized training facility. Note that only under rare circumstances would training outside the State of Alabama be approved.

The following types of training can be funded:

- Occupational skills training designed to meet the special requirements of a business or industry.
- Non-credit basic workplace skills training such as workplace literacy, basic workplace academics, and employability (“soft”) skills.

**WHAT IS THE MAXIMUM AMOUNT A BUSINESS MAY RECEIVE?**

IWTP funds are limited; and are, therefore, awarded on a competitive basis. The maximum amount an applicant may request is \$30,000 per grant. Once the accumulated funding limit of \$75,000 has been met, a company must wait ten years from the end of the last contract before reapplying for additional funding assistance. Businesses with locations in multiple areas of the state will be treated as a single company for the purposes of determining when the funding maximum has been met. The funding and timeframe limits apply to the company, its parent company, and subsidiaries. The business may apply for subsequent grants, based on the difference between the amount of a previous grant award(s) (not total expenditures of previous grants) and the funding limit of \$75,000.

**CAN A GRANT SERVE MULTIPLE BUSINESSES WITH COMMON TRAINING NEEDS?**

Yes. Businesses may partner and apply for a collaborative training grant. Collaborative training grants are encouraged as a way to efficiently use training resources. The lead applicant for a collaborative training grant is encouraged to contact the IWTP Officer at GOWD (334) 293-4723, for help in coordinating this type of application.

Proposed collaborative training activities must:

- Serve employees of at least two different businesses, with one of those businesses designated as both the lead applicant and fiscal agent.
- Include training descriptions and outcomes that address the employees from all businesses impacted by the proposed common training.

The application must include information on each business that will be part of the training. Attachment A of the application must be completed for each business that is part of the collaborative training application. An application representing the training needs of two businesses will be subject to a \$60,000 per grant limit. An application representing the training needs of three or more businesses will be subject to a \$75,000 per grant limit.

**HOW IS A BUSINESS’S LIFETIME FUNDING LIMIT AFFECTED IF IT IS PART OF A COLLABORATIVE APPLICATION?**

The amount of the award will be equally portioned among the businesses included in the application as follows:

- For a business that has *not received* an Incumbent Worker Training Program (IWTP) grant(s), its portion of a collaborative award will apply towards its ten-year funding limit of \$75,000.

***Example:*** Two businesses receive a collaborative training grant in the amount of \$60,000. These businesses have never received an IWTP grant; therefore, their funding limit is \$75,000 each. Each business will have \$30,000 credited towards its funding limit, leaving \$45,000 available for future IWTP grant(s) in which each business is the sole applicant.

- For a business that *has* received an IWTP grant(s), its portion of a collaborative grant award will apply towards its funding limit of \$75,000. The business can still apply for the remainder of its ten-year funding limit as a sole applicant. **Note:** Section II of the application form requests information regarding past funding.

***Example:*** Two businesses receive a collaborative training grant in the amount of \$60,000. Business A has benefited from the IWTP within the past ten years by receiving a \$30,000 grant. In determining each business's equal portion of the grant amount, Business A would have then received \$60,000 total in its funding limit of \$75,000.

All other rules, regulations and guidelines of the Incumbent Worker Training Program apply.

## **WHAT ARE ALLOWABLE AND NON-ALLOWABLE COSTS?**

The following is a list of reimbursable and non-reimbursable costs for Alabama's IWTP:

### Allowable Training Costs

- Instructors'/trainers' fees – trainers must not be employed by the applicant businesses to receive reimbursements.
- Tuition costs for training courses or programs.
- Textbooks/manuals directly related to the training.
- Expendable materials and supplies directly related to the training.
- Computer software that is used only for the training activities. (Note: The maximum reimbursable cost of computer software is 5% of total program costs.)
- Curriculum development directly related to the training.

### Non-Allowable Training Costs

- Trainee (employee) wages.
- Travel, food, or lodging expenses related to program participants and/or trainers.
- Purchases of capital equipment.
- Capital improvements and purchase of real estate, to include the construction or renovation of facilities.
- Purchase of any item or service that may be used outside of the training project.
- Any training-related expenses incurred prior to the effective date of the agreement or beyond the ending date of the agreement.
- Any training currently being offered by the employer.
- Normal operating business-related expenses.
- Training in sectarian (religious) related activities.
- Continuing Education necessary to retain professional certification, such as Certified Public Accountants, medical professionals, insurance providers, attorneys, etc.
- Training which would result in advanced degrees such as associate, bachelor, master, or doctorate.
- Any costs not approved in the final agreement.

## **WHAT OUTCOMES ARE EXPECTED FROM THE IWTP GRANT RECIPIENT?**

The goal of the IWTP is to increase the sustainability of the participating business(es). To demonstrate how this goal will be achieved, each application must address how increasing the skill levels of workers will result in one or more of the following outcomes:

- Averts a layoff or loss of jobs.
- Lowers employee turnover.
- Improves the competitiveness of the business.
- Avoids business relocation or consolidation that results in loss of local jobs.

## **HOW IS THE IWTP ADMINISTERED?**

The IWTP is cooperatively administered through the Governor's Office of Workforce Development (GOWD) and the Alabama Department of Economic and Community Affairs. ADECA is the fiscal agent for federal WIA funds, and is responsible for fiscal compliance monitoring and reporting for activities funded with WIA monies. GOWD is responsible for managing WIA programs and services, including the IWTP. The Alabama Career Center System, managed by GOWD, provides registration and participant tracking as required by U.S. Department of Labor.

## **HOW DOES A BUSINESS SUBMIT AN APPLICATION?**

The applicant company may contact the IWTP Office in the Governor's Office of Workforce Development at (334) 293-4723 regarding the Incumbent Worker Training Program. This contact allows the business and the IWTP Officer an opportunity to review the guidelines and eligibility requirements, highlight restrictions, discuss training priorities, explain the cost reimbursement procedures, the application time schedule, and other procedures and expectations.

IWTP applications are available at the GOWD website ([www.owd.alabama.gov/downloads.htm](http://www.owd.alabama.gov/downloads.htm)).

## **HOW CAN A BUSINESS DETERMINE IF ITS PARENT COMPANY AND/OR SUBSIDIARIES HAVE RECEIVED AN IWTP GRANT?**

The business should work with the IWTP Office in the Governor's Office of Workforce Development. A complete listing of all companies that have received IWTP grants can be found at [www.owd.alabama.gov/downloads.htm](http://www.owd.alabama.gov/downloads.htm). The list is updated within 10 working days from the announcement of awards for each funding period.

## **IS THE APPLICANT REQUIRED TO USE THE APPLICATION FORM PROVIDED?**

Yes. The application is provided in a Microsoft Word document. The application can be downloaded in Microsoft Word for completion.

Please do not include trainers' resumes or other excess information. A trainer's qualifications, course descriptions and objectives should be summarized within the form.

## **IS AN ELECTRONIC SIGNATURE ACCEPTABLE?**

No. Electronic signatures are not accepted. All sections requiring a signature must include the original handwritten signature.

## **WHAT TECHNICAL ASSISTANCE IS AVAILABLE TO ASSIST THE BUSINESS?**

For assistance, contact the IWTP Officer in the Governor's Office of Workforce Development at (334) 293-4723. For assistance pertaining to fiscal reporting and compliance requirements, contact ADECA staff at (334) 242-5190.

## **WHEN CAN A BUSINESS APPLY FOR AN IWTP GRANT?**

The deadline for receiving IWTP applications is 5 p.m. August 31 (or the last work day in August, whichever occurs first) and 5 p.m. February 28 (or last work day in February, whichever comes first) of each year. Awards will be announced November 30 (or the last work day in November, whichever occurs first) and April 30 (or the last work day in April, whichever occurs first) of each year. Submission and award announcement dates will be posted on the GOWD website ([www.owd.alabama.gov](http://www.owd.alabama.gov)). In certain situations, the IWTP Steering Committee may consider awarding funds outside of the published timeframe. Therefore, a company may apply for funds and ask for a special meeting of the Steering Committee to expedite the request. Contact the GOWD IWTP officer at (334) 293-4723 to request an expedited application evaluation.

## **WHAT CRITERIA ARE USED TO EVALUATE AND FUND APPLICATIONS?**

The IWTP Steering Committee will evaluate and rate applications based on the following criteria:

- 20 % The IWTP outcomes (avert layoff, build businesses' competitiveness, upgrade skills, increase wages, etc.) are clearly stated.
- 20% The application clearly describes the training to be delivered, states the training objectives, and describes how the funds would be used to meet the objectives.
- 20% Support is provided in the application that the training is needed and that other resources are not available to meet the need.
- 25% If it is reasonable to expect the training provided will enhance the sustainability of the applicant business(es).
- 15% The application is complete and includes all required forms. (15%)

The Steering Committee may request additional information from applicants as needed to evaluate applications.

## **HOW WILL I KNOW IF MY BUSINESS'S APPLICATION IS APPROVED?**

The Governor's Office of Workforce Development will notify, by email, the business of action taken on its application. GOWD and ADECA will begin the process of developing a contract with the business within 15 working days of the award announcement. A contract will set forth all processes and expectations for administering, implementing, and completing the training. Training is to begin within 60 days of the effective date of contract. If the training is not executed within the aforementioned 60-day time frame, the grant award becomes null and void and the business will have to re-apply in a future round. This requirement will be stated in the contract signed by the business. Each project will be monitored and evaluated by GOWD, ADECA and/or the Department of Labor with outcomes reported to the IWTP Steering Committee.

## **HOW LONG DOES A BUSINESS HAVE TO CONDUCT THE TRAINING?**

Training must be completed within 12 months from the effective date of the contract.

## **CAN A CONTRACT BE EXTENDED?**

A business is expected to carefully assess its training needs so that it will apply only for the funds needed for training that can be completed in a 12-month timeframe. In light of extenuating circumstances, a request can be made by the company to the IWTP Steering Committee through GOWD to extend the date of a contract. Each request is reviewed on a case-by-case basis by the Steering Committee. If the request is approved, a modification to the contract will be developed for all parties to sign.

## **CAN THE TYPE(S) OF TRAINING OR USE OF FUNDS BE CHANGED ONCE A GRANT HAS BEEN APPROVED?**

The Incumbent Worker Training Program is a very competitive program and each application is evaluated and assigned a score by the IWTP Steering Committee. The grant recipient is expected to assess its immediate training needs and apply only for the amount of funds needed to meet those needs within a 12 month timeframe. The application is approved based on the training outlined. If training activities vary from what was approved for funding, the effect would be a change in the application and an undermining of the competitive process by which funds are awarded. The grant recipient should contact GOWD to discuss the best alternatives should issues arise that would warrant changes. GOWD and the IWTP Steering Committee will evaluate the request and determine any changes in the grant award.

## **WHAT INFORMATION IS A BUSINESS REQUIRED TO PROVIDE?**

- Participating employees must be enrolled in the WIA system. In such instances, the grant recipient will be contacted by an Alabama Career Center System office to ensure proper enrollment. The IWTP office in GOWD will notify the appropriate career center once the award is made to the company. Social Security numbers for all employees who are receiving the training must be provided as part of the enrollment process. Companies in which employees do not wish to complete the enrollment requirements or provide the identification documents needed for verification should not apply for IWTP funds.
- Grant recipients will be required to participate in one or more program reviews by the Governor's Office of Workforce Development or ADECA to evaluate the anticipated measurable results (layoffs averted, reduction in employee turnover, improvement of business competitiveness, avoidance of business relocation and consolidation) as outlined in the agreement.
- A grant recipient must provide documentation to GOWD and ADECA necessary to identify IWTP participants; other information may be required if deemed pertinent by the grant administrator.
- Grant recipients must maintain accurate records of the project implementation process and certify that all information provided for reimbursement requests and training activities is accurately reported.
- Reimbursement requests must be accompanied with supporting documents, including evidence that the employer has paid the training expenses in accordance with the terms of the agreement.
- Final reimbursement request forms must be submitted within 30 days of the end of the agreement or the end of the formal training, whichever is the earliest ending date of program activity.
- Grant recipients must receive, from a labor union, endorsement of the training and data collection requirements for employees represented by that labor union. Employees, including union-represented employees, need to be made aware of the data collection requirements prior to a company submitting an application.
- Grant recipients must notify the GOWD IWTP Officer when training activities have been completed.

## **WHAT IS INVOLVED IN A TRAINING PROGRAM REVIEW?**

An onsite review of the training program helps gauge the progress of the training and addresses concerns that may have occurred since the training began. Program reviews provide an opportunity for state program personnel to provide technical assistance if needed. Please note that no proprietary or individually identifiable information will be shared publicly without prior permission from the company. At a minimum, each training program will receive one on-site review. See Attachments C and D for program review instruments.

## **WHAT INFORMATION IS REQUIRED FOR THE EMPLOYER CONTRIBUTION PORTION OF THE PROGRAM BUDGET?**

The applicant must identify its contribution (company match) to the training program. The company contributions must equal 100% of the total requested funds. Company contributions may include trainee wages and benefits paid during the training period, training materials and supplies, training curriculum expenses, and travel and lodging costs. (Example: A company requests \$10,000; the company must invest a soft match of \$10,000.)

## **WHAT INFORMATION WILL THE COMPANY NEED TO MAINTAIN FOR THE TRAINING PROGRAM REVIEW?**

Once training begins, the company must maintain records of the costs associated with the training, records of training activities, detailed descriptions of training, and benefits the training activities have provided to the company and to the employees (outcomes). This information will be used to document the impact the training has had on morale, retention, wages, promotions, efficiency, and profit improvements. The IWTP Officer will meet with the company delegate to review and evaluate the training program outcomes.

A company is awarded training funds to provide skills training to an agreed-upon number of workers. If the company does not train the agreed-upon number by the end of the agreement period, the final reimbursement may be pro-rated to bring the total project costs in line with the actual number of trained employees. If the company provides training to fewer than the planned number of employees or the projected training is not completed, then the cost of the training may be pro-rated.

## **HOW ARE COMPANIES REIMBURSED FOR APPROVED TRAINING EXPENSES?**

The Governor's Office of Workforce Development through the Alabama Department of Economic and Community Affairs will provide approved companies the required forms to complete for expense reimbursements. Companies should submit the reimbursement requests after completing each training module. Final expenses must be reported within 30 days after training activities are complete or the agreement end date, whichever is the earliest end date of program activity.

## **WHAT INFORMATION IS REQUIRED FOR REIMBURSEMENT OF EXPENDITURES COVERED IN THE AGREEMENT?**

Before an invoice can be paid, all training participants' names, Social Security numbers, and other required data must be provided. The IWTP Officer in partnership with the Alabama Career Center System will secure all eligibility, enrollment forms, etc. It is the responsibility of the employer to ensure that the employees to receive training are available to meet with the IWTP Officer to complete the necessary participant enrollment paperwork as required. The employer must also ensure the cooperation of the trainees to provide the necessary information (Social Security numbers, etc.) to the IWTP Officer. Reimbursement forms must include:

- Copy of paid trainer (college, private vendor, etc.) invoice. The invoice must include the date(s) and type(s) of training provided.
- Copy of the check with which the invoice was paid or other documentation as evidence of payment.
- For each training session, a copy of the roster from the training provider or employer, which includes trainees' names and Social Security numbers. The date(s) and type(s) of training must be noted on each roster. In addition, this roster must include the signature of the trainer and employer certifying that the listed employees did participate in the training.

## Alabama Incumbent Worker Training Program Application

The sections of the application are to be completed by the Applicant. Please complete all sections. The space will expand as more information is added. If this application is for a multiple business collaborative to provide common training, each business must complete Attachment A.

### SECTION I. BUSINESS INFORMATION

#### A. Applicant Information

Company Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Company Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Web-site:	
Description of Business Product(s) or Service(s):			
Years in business at applicant location:		Total number of full-time employees at this location:	
Legal Structure of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Designation)		Tax Status of Business: <input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit (Designation) <input type="checkbox"/> Other:	
Employer's Federal ID #:		Unemployment Comp ID #:	

B. Is your company a subsidiary of another company or affiliated with a parent company?  Yes  No  
 If "Yes," please provide the following information about the corporate office/parent company, if different from above, or indicate "SAME."

Parent Company Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Authorized Representative:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Web-site:	

#### C. Business Status Checklist

- Has the company been in operation in the State of Alabama during the entire 24-month period immediately preceding the date of application?  Yes  No
- Is your company current on all Alabama state taxes?  Yes  No
- Is your company current on all federal taxes?  Yes  No

- Is your company current on all county, city and local taxes?  Yes  No
- Is your company subject to a collective union bargaining agreement?  Yes  No  
(If "Yes," please attach a letter of endorsement from the authorized union official)

**SECTION II. AVAILABILITY AND/OR USE OF OTHER FUNDS**

- A. Has your company previously received any training grants from state or federal sources?  Yes  No  
If "Yes," please provide the following information about each grant received:

Funding Source:	
Amount of Award:	Dates of Grant Period:
Types of training provided:	
Have the terms and agreements of the training been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain.)	
Summary of the outcome(s) from the training:	
Explain the relationship, if any, to the training described in this application:	

- B. Has your company previously received any Alabama Incumbent Worker Training Grants?  Yes  No  
If "Yes," please provide the following information about each grant received, if different from above:

**Note: If you have had more than one IWTP project, please list all past projects on separate sheet of paper.**

Name of Project:	City:
Amount of Award:	Dates of Grant Period:
Types of training provided:	
Have the terms and agreements of the training been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain.)	
Summary of the outcome(s) from the training:	
Explain the relationship, if any, to the training described in this application:	

**SECTION III. TRAINING PLAN**

A. Training summary

Anticipated Project State Date:
Project Length (to be no longer than 12 months from effective date of contract):
Amount of Funds Requested:
Number of Employees to be trained (Count each one time):

If this is a Collaborative Grant, please provide the following:

Company Name:	Number to be Trained (unique count):

B. Training Components:

Please provide the following information for each component. “Component Cost Charged to Grant” should capture **all** costs to be **charged to the grant**. The “Component Costs Charged to Grant” should include, but is not limited to: training materials, certification costs, software, etc.

**TRAINING COMPONENT #1**

<b>Course Title:</b>		
Course Description and Objectives:		
Training Schedule (# hours of training):	Estimated Training Dates:	
Number of trainees for component:		
Training Location:		
Component Cost:	Component Cost Charged to Grant:	
<b>Please provide information for the training provider.</b>		
Name of Training Provider:		
Name of Training Provider Contact:	Phone:	
Address:		
City:	State:	Zip:
E-Mail Address:		
<b>Provide the following information for each Instructor of this component.</b>		
Name of Trainer/Instructor:		
Qualifications of Trainer/Instructor to teach component:		
<b>Component Outcomes:</b> Each component should address at least one of the outcomes described below. Please select the expected outcomes and provide the requested information. The explanation should explain how and/or why this training will result in the outcome selected.		
<b>Trained Employee Outcomes</b>	<b>Proposed # of Employees</b>	<b>Explanation</b>
Increases skill level		
Increases wages		
Increases advancement opportunities		
Other (Describe)		
<b>Employer Outcomes</b>	<b>Explanation</b>	
Averts a layoff or loss of jobs		
Lowers employee turnover		
Improves competitiveness		
Avoids relocation or consolidation		
Other (Describe)		

**NOTE:** Duplicate information in additional components that appears in a prior component may be noted as “Same as Component # \_\_\_\_” in the appropriate subsection. **Add additional component sections as necessary on separate sheet of paper.**

**SECTION IV. PROJECT ABSTRACT**

Please provide the following information in three pages or less (8 ½ by 11 paper size and Times New Roman 12 pt. font).

1. Brief overview of the training
2. Background information on the company to support the request and need for training;
3. Potential impact of the proposed training on the business, employees, community and/or the economy; and
4. Reason for requesting financial assistance to conduct the training.

**SECTION V. BUDGET**

A. The applicant is encouraged to apply only for the amount of funds needed to meet its immediate training needs. The project budget should clearly support and relate to the training plan and itemize how the award will be used. **The amount under the “Grant Funds Requested” column below should equal the total of the amounts shown under “Component Cost Charged to Grant” for all Components listed in Section IV.** All proposed expenses must be allowable, reasonable and necessary. Please provide the required information on this budget form, rather than submitting attachments.

The Applicant is required to place a monetary value on the company/employer contributions that will be made to this training request. These contributions may be in-kind, cash, etc. A column has been provided for this information.

**NOTE:** Shaded areas represent expenses not eligible to be funded through the IWTP.

<b>Budget Category</b>	<b>Requested Funds</b>	<b>Employer Contribution (in-kind, cash, etc, expressed in \$)</b>	<b>Explanation and Detail Please place a “G” after all explanation of costs to be paid by IWTP funds.</b>
Instructor Wages/Tuition			(Ex: CAD training \$300 x 10 employees=\$3000) G
Manuals/Textbooks (itemize)			(Ex: 10 Microsoft manuals at \$30 each=\$300) G
Training Certifications, Credentials, Licenses			(Specify number and type)
Materials/Supplies			(Itemize and describe)
Software and Technology (limited to 5% of the requested amount for training purposes only)			(Itemize and describe)
Training equipment purchase (can be employer contribution)			
On-site facility usage (can be employer contribution)			
Trainee travel, food, lodging (can be employer contribution)			
Trainee wages (can be employer contribution)			
<b>Total Funds (Both Grant and EC)</b>	\$	\$	<b>TOTAL TRAINING INVESTMENT (Grant + Employer Contribution): \$</b>

The Governor’s Office of Workforce Development reserves the right to remove or adjust any part of the budget, with company consultation, prior to grant approval.

**SECTION VI. AUTHORIZATION AND CERTIFICATION**

As an authorized representative of the business submitting this application, I hereby certify that:

- I have read the Incumbent Worker Training Program Guidelines;
- The business meets the requirements and is eligible to submit this application;
- The information contained in this application is true and accurate and reflects the intentions of the Incumbent Worker Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may subject the business to civil or criminal penalties;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- The business agrees to respond to site visits and performance requests (See attachments B and C for program review expectations);
- The business will submit required forms including the State of Alabama Disclosure Statement, Potential Service Provider (at risk work) form, and a W9 form. These forms can be located at [www.owd.alabama.gov/downloads.htm](http://www.owd.alabama.gov/downloads.htm).

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Investment Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation, or belief.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**MULTIPLE BUSINESS COLLABORATIVE FORM**

Complete this form for each additional business that is part of a collaborative to provide common training for its employees. This attachment(s) is required as part of the completed application.

**A. Applicant Information**

Company Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Company Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Web-site:	
Description of Business Product(s) or Service(s):			
Years in business at applicant location:		Total number of full-time employees at this location:	
Legal Structure of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Designation)		Tax Status of Business: <input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit (Designation) <input type="checkbox"/> Other:	
Employer's Federal ID #:		Unemployment Comp ID #:	

B. Is your company a subsidiary of another company or affiliated with a parent company?  Yes  No  
 If "Yes," please provide the following information about the corporate office/parent company, if different from above, or indicate "SAME".

Parent Company Name:		
Street/Mailing Address:		
City/State:	Zip:	County:
Authorized Representative:		Title:
Phone:	Ext:	Fax:
E-Mail Address:		Company Web-site:

**C. Business Status Checklist**

- Has the company been in operation in the State of Alabama during the entire 24 month period immediately preceding the date of application?  Yes  No
- Is your company current on all Alabama state taxes?  Yes  No
- Is your company current on all federal taxes?  Yes  No

ATTACHMENT A - (To Be Completed Only for Collaborative Grants)

- Is your company current on all county, city and local taxes?  Yes  No
- Is your company subject to a collective bargaining agreement?  Yes  No  
(If “Yes,” please attach a letter of endorsement from the authorized union official)

D. Has your company previously received an Incumbent Worker Training Grant(s)?  Yes  No  
If “Yes,” please provide the following information about each grant received:

Name of Project:	City:
Amount of Award:	Dates of Grant Period:
Types of training provided:	
Have the terms and agreements of the training been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain.)	
Summary of the outcome(s) from the training:	
Explain the relationship, if any, to the training described in this application:	

E. Please state how participation in this collaborative grant will add value to your company and its employees.

**AUTHORIZATION AND CERTIFICATION FOR ATTACHMENT A**

As an authorized representative of the business submitting this application, I hereby certify that:

- I have read the Incumbent Worker Training Program Guidelines;
- The business meets the requirements and is eligible to submit this application;
- The information contained in this application is true and accurate and reflects the intentions of the Incumbent Worker Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may subject the business to civil or criminal penalties;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- The business agrees to respond to site visits and performance requests (See attachments B and C for program review expectations);
- The business will submit required forms including the State of Alabama Disclosure Statement, Potential Service Provider (at risk work) form, and a W9 form. These forms can be located at [www.owd.alabama.gov/downloads.htm](http://www.owd.alabama.gov/downloads.htm).

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Investment Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation, or belief.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

ATTACHMENT B

**Alabama Incumbent Worker Training Program  
In-process Program Review**

Agreement No:	Beginning Date:	End Date:	#F/T employees on app:
Contract Amount: \$	# of Planned Participants:		
Expended Amount: \$	# of Participants – to date:		
Company Name:			County:
Contact Person:	Title:	Phone:	Ext.:
Training Provider(s):			
Type(s) of Training:			
Current Training:			
<b>◆ QUESTIONS FOR COMPANY MANAGEMENT</b>			
1. When did the training activities first begin?			
2. What training sessions have occurred to date? How many employees have trained in each session?			
3. How many employees have attended training? How many have yet to begin?			
4. Is a training session currently being conducted?			
5. How many employees do you have in the current training session(s)?			
6. Where are the training events being conducted? ( <i>On-site, training facility, rented location</i> )			
7. What outcomes or goals, for the employees, were you expecting to accomplish with the training?			
8. What have the results been to date?			
9. What outcomes or goals, for the company, were you expecting to accomplish with the training?			
10. What have the results been to date?			
11. Do you feel the current training will satisfy your company's training needs?			
12. If not, will the company be providing additional training?			
13. Is this training transferable to other employees? ( <i>Can a trained employee teach an untrained employee?</i> )			
14. Is this training providing work skills that are transferable to other positions in the company?			
15. Is this training providing marketable work skills that can be used at other companies or in other industries?			

ATTACHMENT B

16. What monitoring measures are in place to ensure the participants are receiving the appropriate training?
17. As a result of the training, have you been able to increase pay of the trainees?
18. As a result of the training, have you been able to avoid lay-offs?
19. As a result of the training, have you been able to hire additional employees?
20. Have you seen improvement with employee education, morale, workmanship, and/or retention?
21. What improvements have there been to the company so far ( <i>Increases in: production #'s, revenue, contracts, clients, or reduced turnover</i> )?
22. What kind of feedback have the employees provided regarding the training activities?
23. Have the training providers delivered all the contracted services, to date?
24. Would you recommend the training provider(s) to other companies?
25. Would you recommend the training to other companies?
26. Have you had any issues with reimbursement requests and receiving reimbursement checks?
27. Were all of the selected workers registered before they received training?
28. Have you had any feedback concerning the registration processes from management and employees? If so, please describe.
29. Has the Career Center contact been responsive to your needs regarding the participant registration requirement?
30. Do you have any recommendations on how the Incumbent Worker Training Program could be improved?
31. Is there anything that you would like to add to this report concerning the training and/or program?

ATTACHMENT B

**◆ QUESTIONS FOR EMPLOYEES WHO COMPLETED/ATTENDED TRAINING ACTIVITIES**

*Program reviewer please interview at least one trainee.*

**1. EMPLOYEE 1 (NAME OPTIONAL):**

A. From a personal point of view, what benefits have you received from the training? *(For example, increases in work skills & knowledge, ability to perform job more effectively, training certification, etc.)*

B. What benefits did the training provide to the company? *(For example, improvements in production processes, reductions in waste materials, increases in efficiency, etc.)*

**2. EMPLOYEE 2 (NAME OPTIONAL):**

A. From a personal point of view, what benefits have you received from the training? *(For example, increases in work skills & knowledge, ability to perform job more effectively, training certification, etc.)*

B. What benefits did the training provide to the company? *(For example, improvements in production processes, reductions in waste materials, increases in efficiency, etc.)*

**3. EMPLOYEE 3 (NAME OPTIONAL):**

A. From a personal point of view, what benefits have you received from the training? *(For example, increases in work skills & knowledge, ability to perform job more effectively, training certification, etc.)*

B. What benefits did the training provide to the company? *(For example, improvements in production processes, reductions in waste materials, increases in efficiency, etc.)*

**Alabama Incumbent Worker Training Program  
Final Program Review**

Agreement No:	Beginning Date:	End Date:	#F/T employees on app:
Contract Amount: \$		# of Planned Participants:	
Expended Amount: \$		# of Participants – to date:	
Company Name:			County:
Contact Person:	Title:	Phone:	Ext.:
Training Provider(s):			
Type(s) of Training:			
<b>◆ QUESTIONS FOR COMPANY MANAGEMENT</b>			
1. Has your company completed all of the training activities associated with the IWTP? When?			
2. How many employees received training?			
3. How many training sessions (or months of training) were provided by the training provider(s)?			
4. How many full-time employees does your company employ?			
5. What outcomes or goals, for the employees, were you expecting to accomplish with the training?			
6. What have the results been?			
7. What outcomes or goals, for the company, were you expecting to accomplish with the training?			
8. What have the results been?			
9. In your opinion, what has been the most beneficial outcome from the training for the company and the employees?			
10. Do you feel the training satisfied your company’s present training needs?			
11. If not, what additional training may be necessary?			
12. Are the new skills transferable to other employees?			
13. Are the new skills transferable to other positions within the company?			
14. Do you feel the training has provided the employees with marketable skills for other companies or industries?			
15. Did the training provider(s) deliver all contracted services?			

ATTACHMENT C

16. Would you recommend the training provider(s) to other companies?
17. What monitoring measures were in place to ensure participants received the appropriate training?
18. Did you have any issues with reimbursement requests and receiving reimbursement checks?
19. Were all of the selected workers registered before they received training?
20. Have you had any feedback concerning the registration processes from management and employees?
21. What improvements have there been to the company so far ( <i>Increases in: production #'s, revenue, contracts, clients, or reduced turnover</i> )?
22. Do you have any additional comments about the training, training provider(s), and the Incumbent Worker Training Program?
◆ QUESTIONS ABOUT RETURN ON INVESTMENT (ROI) <i>Please note: no proprietary or individually identifiable information will be shared publically without expressed written permission.</i>
23. As a result of the training project, has your company avoided layoffs or saved jobs? How many?
24. As a result of the training project, has your company created any job openings in entry-level positions? How many?
25. As a result of the training project, did your company create new jobs or positions? How many?
26. The new work skills improved the trainees' short-term wage levels by: _____% or \$_____
<b>Comments:</b>
27. The new work skills improved the trainees' long-term wage levels by: _____% or \$_____
<b>Comments:</b>
28. As a result of the training activities, your company's turnover rate has been reduced by: _____% or \$_____
<b>Comments:</b>
29. As a result of training activities, the overall unit/labor costs improved by: _____% or \$_____
<b>Comments:</b>
30. As a result of the training, the company experienced an increase in profit margin by: _____% or \$_____
<b>Comments:</b>
31. As a result of the training, the company achieved an increase in sales by: _____% or \$_____
<b>Comments:</b>
32. As a result of the training, the company was able to increase its customer base by: _____% or \$_____
<b>Comments:</b>
33. As a result of the training, the attained Return-on-Investment (ROI) from the contributing IWTP funds and the company investment has been: _____% or \$_____ within _____ months following training completion.
<b>Comments:</b>

ATTACHMENT C

**◆ QUESTIONS FOR EMPLOYEES WHO COMPLETED/ATTENDED TRAINING ACTIVITIES**

*Program reviewer please interview at least one trainee.*

**1. EMPLOYEE 1 (NAME OPTIONAL):**

A. From a personal point of view, what benefits have you received from the training? *(For example, increases in work skills & knowledge, ability to perform job more effectively, training certification, etc.)*

B. What benefits did the training provide to the company? *(For example, improvements in production processes, reductions in waste materials, increases in efficiency, etc.)*

**2. EMPLOYEE 2 (NAME OPTIONAL):**

A. From a personal point of view, what benefits have you received from the training? *(For example, increases in work skills & knowledge, ability to perform job more effectively, training certification, etc.)*

B. What benefits did the training provide to the company? *(For example, improvements in production processes, reductions in waste materials, increases in efficiency, etc.)*

**3. EMPLOYEE 3 (NAME OPTIONAL):**

A. From a personal point of view, what benefits have you received from the training? *(For example, increases in work skills & knowledge, ability to perform job more effectively, training certification, etc.)*

B. What benefits did the training provide to the company? *(For example, improvements in production processes, reductions in waste materials, increases in efficiency, etc.)*