

Alabama Workforce Investment System

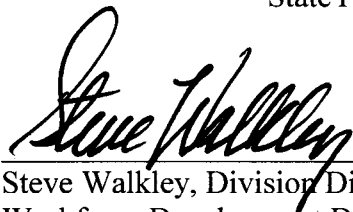
**Alabama Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
Post Office Box 5690
Montgomery, Alabama 36103-5690**

SEP 17 2001

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2000-29, Change 1

SUBJECT: Incumbent Worker Training

- 1. Purpose.** To issue the attached revised guidelines and application for the Incumbent Worker Program.
- 2. Discussion.** The Incumbent Worker Training guidelines and application were revised in an effort to provide additional clarification on the program to Alabama Career Center System staff and employers.
- 3. Action.** Job developers and other appropriate staff from the Alabama Career Center System should ensure that these revised guidelines and applications are disseminated to employers in their local areas.
- 4. Contact.** Any questions regarding this Directive should be addressed to Steve Davis, State Planning Section, Workforce Development Division, at (334) 242-5300.



Steve Walkley, Division Director
Workforce Development Division

Attachment

Incumbent Worker Training Program Guidelines and Application

The Incumbent Worker Training Program is funded by the Federal Workforce Investment Act (WIA) and administered by the Workforce Development Division (WDD) of the Alabama Department of Economic and Community Affairs (ADECA).

Program Guidelines

Applications for the WDD's Incumbent Worker Training Program are open to all Alabama companies meeting the guidelines listed below:

BUSINESS APPLYING FOR FUNDING:

- ▶ Must have been in operation in Alabama for a minimum of two years prior to application date to be eligible for grant funding.
- ▶ Must make a significant contribution to the training program.
- ▶ Must demonstrate financial viability.
- ▶ Must be current on all state tax obligations.
- ▶ Must not already have a fully funded incumbent worker training program.

PRIORITY WILL BE GIVEN TO:

- ▶ Businesses with 25 employees or less.
- ▶ Businesses in distressed areas.
- ▶ Businesses whose grant proposals represent a significant upgrade in employee skills.
- ▶ Businesses whose grant proposal represents a significant layoff avoidance strategy.

TRAINING SERVICES:

- ▶ Can be provided through Alabama's community college system, school districts, area vocational-technical schools, state universities, or licensed and certified private institutions (when approved).
- ▶ Can be conducted at the business's own facility, at the training provider's facility or at a combination of both sites
- ▶ Instructors can be either full or part-time educators or professional trainers from the business.

REIMBURSEABLE TRAINING EXPENSES (with proper documentation):

- ▶ Instructor's/trainer's salaries
- ▶ Curriculum Development
- ▶ Textbooks/manuals
- ▶ Materials and supplies

NON-REIMBURSEABLE COSTS:

- ▶ Trainee wages
- ▶ Purchase of capital equipment
- ▶ Purchase of any item or service that may possibly be used outside of the training project
- ▶ Any costs not approved in the agreement

GRANT AWARDS:

- ▶ All reimbursements must be pre-approved by the grant administrator.
- ▶ Businesses must provide a matching contribution to the training project.
- ▶ Businesses approved for funds must sign an agreement with the WDD to complete the training project as proposed in their application.
- ▶ Businesses must keep accurate records of the project's implementation process.

- ▶ Businesses must submit monthly or quarterly reimbursement requests with required documentation.
- ▶ Businesses agree to fully cooperate with staff from the local Alabama Career Center System office and ADECA.

PARTICIPANT (Incumbent Worker) REQUIREMENTS:

- ▶ All incumbent workers to be trained must meet eligibility requirements for the Incumbent Worker Program. A waiver (if necessary) of the income level for participants may be requested.
- ▶ WIA enrollment forms must be completed on all participants enrolled in the Incumbent Worker Training program. This enrollment information must be entered into the State's Information Management Reporting System by the local Alabama Career Center System Office staff.
- ▶ Training outcomes for each participant in the incumbent worker training program must be entered into the State's Information Management Reporting System by the local Alabama Career Center System Office staffs.

PROJECT COMPLETION:

- ▶ 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.
- ▶ All grant projects shall be performance based with specific measurable performance outcomes - including the completion of the training project and job retention.
- ▶ Final payment for grantees will be withheld until the final grantee report is submitted and all performance outcomes specified in the grant application have been achieved.
- ▶ Businesses shall provide sufficient documentation to the administrator for identification of all employee participants for calculation of performance measures required by WIA, and any other outcomes deemed pertinent by the grant administrator.

APPLICATION INSTRUCTIONS

Detach and complete the attached IWT Program Application and Tax I. D. Form. 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 two (2) copies of the signed completed application and the attached tax identification form to:

**Incumbent Worker Training Program
Workforce Development Division - ADECA
Post Office Box 5690
Montgomery, Alabama 36103-5690**

It is recommended that you submit your application at least 30 days prior to the planned start date of your training. Submission of a completed application does not constitute approval of Incumbent Worker Training. Approval of the application from the WDD Division Director must be obtained prior to the start of any training. If you have any questions or need assistance in completing the application, please contact Steve Davis, Workforce Development Division, ADECA, at (334) 242-5849 or email: SteveD@ADECA.state.al.us

Incumbent Worker Training Program Grant Application

SECTION 1. Company Information

Company Name: _____

Authorized Company Representative: _____ Title: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____ Website Address: _____

Street/Mailing Address: _____

City: _____ Zip: _____ County: _____

Date of Inception: _____ Years in Business: _____ Total Number of Employees: _____

Legal Structure of Business: _____ Sole Proprietor _____ Partnership _____ Corporation (Designation _____)

Employer's Federal ID #: _____ Unemployment Comp ID # _____

Alabama Sales Tax Reg. #: _____ Primary SIC Code: _____

Is your company current on all State of Alabama tax obligations? _____ Yes _____ No

Please estimate the total amount your company will spend on training during the current calendar year.
\$ _____

Is your company receiving or applying for other public training funds? _____ Yes _____ No

If yes, explain: _____

Give a brief description of your business, product(s), and/or service(s): _____

Estimated Training Costs: \$ _____ Number of Trainees: _____ Start Date: _____ End Date: _____

Please check if appropriate:

- Our company is: (Check One)
- Women-owned
 - African/American owned
 - Hispanic/American owned
 - Native/American owned
 - Other minority owned _____
- Our company is in a distressed inner-city area or enterprise Zone (specify) _____

Our company is in a rural area. Estimate population of the county: _____

SECTION 2. Training Provider Information

Please check the appropriate box:

- We intend to use a public training organization.
- We will use a private training organization.
- We will use a private instructor.
- We will use in-house staff to train our employees.
- Training will be delivered on-site.
- Training will be delivered at an educational institution.
- Training will be delivered at a remote location. Please specify location _____

Training Provider: _____

Training Provider Representative: _____

Address: _____

City: _____ State: _____ Zip: _____

SECTION 3. Training Project Information:

Provide a description of the proposed training project – provide number of trainees, job titles, departments, broken out by type of training, number of training hours, any resulting certification, etc.

SECTION 4. Training Program Budget

Please use the following as a guide. You may include other items or 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 grant is approved. Please consider this when developing your budget and timeline.

Budget Category	IWT Assistance Requested	Employer Contribution	Total
Instructor Wages/Tuition*			
Curriculum Development			
Materials/Supplies/Books (Itemize)			
Training Equipment Purchase (Itemize)	XXXXXXXXXXXXXXXXXXXX		
Other Costs (describe)			
Travel	XXXXXXXXXXXXXXXXXXXX		
Trainee Wages	XXXXXXXXXXXXXXXXXXXX		
Total			

* Break out costs for individual programs including total hours and instructor wages.

Please check the appropriate 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.

- Critical to the long-term viability of our company.
- Critical to the short-term viability of our company.
- Important to the stated mission of our company.
- Would lower employee turnover in our company.
- Would increase the profitability of our company.
- Would save jobs within our company. How many? _____
- Would create new jobs within our company. How many? _____
- Would improve the long-term wage levels of the trainees. _____%
- Would improve the short-term wage levels of the trainees. _____%
- Would assist in the improvement of international trade opportunities.
- Would assist in the training of veterans.
- Would assist in the training of minorities.
- Would assist in the training of the disabled.
- Would assist welfare-to-work participants.
- Would be an important component of our company’s overall workforce employee development efforts.
- Would help prevent company from having to relocate its operations.
- Would create openings in entry-level positions.

How did you learn about the Alabama Incumbent Worker Training Program? _____

SECTION 5.

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 and 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

Printed Name

Date

Please allow 15 business days for a response to your application.

Mail original and two copies to: **Incumbent Worker Program
Workforce Development Division
Post Office Box 5690
Montgomery, Alabama 36103 - 5690**

Or Fax and follow up via mail with original and two copies: **FAX (334) 242-5855**

Based on the amount of available Incumbent Worker Program funds the WDD may limit the number of applications that a company may submit during a program year. If you have any questions concerning the application, please contact Steve Davis, Workforce Development Division, ADECA, at (334) 242-5849.