

Alabama Workforce Investment System

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

April 29, 2003

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY 2000-29, Change 5

SUBJECT: Program updates concerning the Alabama Workforce Investment Act (WIA), Incumbent Worker Training Program.

1. Purpose. To transmit administrative information about the Alabama WIA, Incumbent Worker Training Program, and policy changes.

2. Discussion. Because of the increase in the number of applications that we have received for funding assistance, and to stretch the program's allocated funds to allow us to provide assistance to more Alabama companies, we have placed a cap on the maximum amount that can be granted to each applicant for WIA Incumbent Worker Training funding.

The program application and guidelines have also been revised to provide more information to Alabama Career Center staff members and all program applicants.

3. Action. 1) A **maximum WIA-funding limit of \$50,000.00 for all incumbent worker training projects is in place for all applicants.** Alabama companies that are interested in soliciting financial assistance to provide training opportunities for their workforce should be made aware of this information. Employers must also contribute to the training project by providing matching funds at least equivalent to the amount of WIA funds requested. The employer's share may come from wages paid to employees during the training, part of training costs, etc.

2) A copy of the updated Alabama WIA Incumbent Worker Training Program is enclosed. Please read the revised program guidelines and application form for updated information about the program. The information in the program guidelines is also to be made available to all interested program applicants. Please discard previous program application forms.

4. Contact. Any questions regarding this Directive should be addressed to Carmen Moa-Rivera, Workforce Development Division, at (334) 353-1799.



Steve Walkley, Division Director
Workforce Development Division

Attachment

ALABAMA WORKFORCE INVESTMENT ACT
INCUMBENT WORKER TRAINING PROGRAM
GUIDELINES AND APPLICATION

The Incumbent Worker Training Program is authorized and funded by the Workforce Investment Act (WIA), and administered by the Alabama Department of Economic and Community Affairs (ADECA), Workforce Development Division. The purpose of the program is to provide funding to Alabama employers to help with certain expenses associated with skills upgrade training for full-time employees. **The maximum funding award for training projects is \$50,000.00, which must be matched dollar for dollar. For the years 2003-2004, the total amount of funding available for this program is set at \$1,000,000. Training projects are funded on a first come/first served basis until our set funding levels are reached.**

PROGRAM GUIDELINES

Applications for the 2003-2004 Alabama WIA Incumbent Worker Training Program are open to all Alabama for-profit companies which did not have an Incumbent Worker Training project in 2002-2003.

BUSINESS APPLYING FOR FUNDING:

- Must be a “FOR-PROFIT” business and have been in operation in Alabama for a minimum of two (2) years before the application date to be eligible for funding.
- Must have at least one full-time employee.
- Must demonstrate financial viability and must be current on all state tax obligations.
- **Can only be considered for an award every other program year.**

PRIORITY WILL BE GIVEN TO:

- Businesses with 25 employees or less
- Businesses in rural areas
- Businesses in distressed inner-city areas
- Businesses whose grant proposals represent a significant upgrade in employee skills
- Businesses whose grant proposals represent a significant layoff avoidance strategy

TRAINING SERVICES:

- Can be provided through Alabama’s public or private educational institutions, private training organizations, professional trainers hired by the company, or a combination of training providers.
- Can be conducted at the business’s own facility, at the training provider’s facility, or at a combination of sites.

REIMBURSABLE TRAINING EXPENSES (with proper documentation):

- Non-company instructors’/trainers’ salaries
- Curriculum development expenses
- Required textbooks/manuals
- Required materials and supplies (necessary for this training project only).

NON-REIMBURSEABLE COSTS:

- Trainee wages
- Purchase of equipment
- Purchase of any item or service that may be used outside of the training project
- Travel expenses of trainers or trainees
- Any costs not approved in the agreement
- Costs outside of the term of the agreement.

FUNDING AWARDS:

- A business approved for funding enters a contract with ADECA/Workforce Development Division, which commits the business to complete the training project as proposed in their application.
- Approved budget items are reimbursed upon presentation of adequate documentation of the training and evidence that the training expense incurred has been paid.
- **A business approved for funding will provide a matching contribution to the training project. For FY 2003 2004, businesses will be required to provide a minimum of 50% of total training dollars.**
- A business approved for funding will keep accurate records of the project's implementation process and certify that all information provided for requesting reimbursements and reporting training activity is accurate and true.
- Business must submit reimbursement requests with required support documentation, in accordance with the terms of the agreement.

PARTICIPANT (INCUMBENT WORKER) REQUIREMENTS:

- WIA enrollment forms must be completed on all participants enrolled in the Incumbent Worker Training Project.
- 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 staff.

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.
- A business shall provide sufficient documentation to the local Career Centers for identification of all employee participants' for data entry into the Alabama Management Information System as required by WIA, and information deemed pertinent to the grant administrator.
- All funded 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.

APPLICATION INSTRUCTIONS:

- Detach and complete the attached IWT Program Application, Tax I.D. Form, and Executive Form #55 (Alabama Disclosure Statement). Any information or documentation that cannot be supplied in the provided space should be identified by the relevant question number and additional pages should be attached to the back of the application form.
- **Submit one original and two copies of the signed completed application and one (1) original of the State of Alabama Disclosure Statement, and an original of the tax identification form to:**

**Incumbent Worker Training Program
Alabama Department of Economic and Community Affairs
Workforce Development Division
P. O. Box 5690
Montgomery, Alabama 36103-5690**

NOTE: It is recommended that you submit your application at least 30 working days before 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 AND ADECA Director must be obtained before the start of any training. No pre-agreement costs will be paid and only allowable expenditures will be reimbursed after a fully executed agreement is in effect. If you have any questions or need assistance in completing the application, please contact Carmen Moa-Rivera, ADECA Workforce Development Division, at (334) 353-1799 or via e-mail: carmenm@adeca.state.al.us.

ALABAMA WIA INCUMBENT WORKER TRAINING PROGRAM APPLICATION

SECTION 1: COMPANY INFORMATION

COMPANY NAME:			
STREET/MAILING ADDRESS:			
CITY:		ZIP:	COUNTY:
COMPANY CONTACT PERSON & TITLE:			
PHONE:		EXT.:	FAX:
E-MAIL ADDRESS:			
DATE OF INCEPTION:	YEARS IN BUSINESS:	TOTAL NO. FULL-TIME EMPLOYEES:	
LEGAL STRUCTURE OF BUSINESS:	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
EMPLOYER'S FEDERAL ID #:	UNEMPLOYMENT COMP ID #:		
ALABAMA SALES TAX REG. #:	PRIMARY NAICS CODE:		
IS YOUR COMPANY CURRENT ON ALL STATE OF ALABAMA TAX OBLIGATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE ESTIMATE THE TOTAL AMOUNT YOUR COMPANY WILL SPEND ON TRAINING IN 2003/2004:			
IS YOUR COMPANY RECEIVING/APPLYING FOR OTHER PUBLIC TRAINING FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES EXPLAIN:			
DESCRIPTION OF YOUR BUSINESS, PRODUCT(S) AND/OR SERVICE(S):			
AMOUNT OF TRAINING FUNDS REQUESTED:		NUMBER OF EMPLOYEES TO BE TRAINED:	
PROPOSED TRAINING STARTING DATE: <i>(AT LEAST 30-WORKING DAYS AFTER APPLICATION)</i>		TRAINING END DATE:	
OUR COMPANY IS: <i>(PLEASE CHECK THE APPROPRIATE BOX IF APPLICABLE)</i>			
<input type="checkbox"/> NATIVE/AMERICAN OWNED		<input type="checkbox"/> AFRICAN/AMERICAN OWNED	
<input type="checkbox"/> ASIAN/AMERICAN OWNED		<input type="checkbox"/> WOMEN-OWNED	
<input type="checkbox"/> HISPANIC/AMERICAN OWNED		<input type="checkbox"/> OTHER MINORITY OWNED (SPECIFY:)	
IS YOUR COMPANY LOCATED IN:			
<input type="checkbox"/> DISTRESSED INNER-CITY AREA		<input type="checkbox"/> ENTERPRISE ZONE	
<input type="checkbox"/> RURAL AREA			

SECTION 2: TRAINING PROVIDER INFORMATION:

THE TRAINING PROVIDER(S) WILL BE	<input type="checkbox"/> PUBLIC TRAINING INSTITUTION	<input type="checkbox"/> PRIVATE TRAINING INSTITUTION	
	<input type="checkbox"/> PRIVATE INSTRUCTOR		
TRAINING WILL BE DELIVERED:	<input type="checkbox"/> ON-SITE	<input type="checkbox"/> AT THE TRAINING INSTITUTION	<input type="checkbox"/> AT A REMOTE LOCATION
NAME OF TRAINING PROVIDER(S):			
NAME OF TRAINING PROVIDER CONTACT:			PHONE:
ADDRESS:			
CITY:	STATE:	ZIP:	

SECTION 3: TRAINING PROJECT INFORMATION:

Description of the proposed training project:

A detailed written description of the proposed training project, including a detailed financial budget, and the following information:

- (a) Number of trainees,**
- (b) Job titles,**
- (c) Departments,**
- (d) Broken-out by type of training,**
- (e) Number of hours of training,**
- (f) Training provider,**
- (g) Costs of instruction/tuition,**
- (h) Any resulting certifications, continuing education credits (CEUs), etc.**

FOR EXAMPLE:

1. *JOB TITLES: (24) ELECTRICIANS*
DEPT: PLASTIC MANUFACTURING DEPT.
TYPE OF TRAINING: RAPID MANAGEMENT - 10 TRAINING HOURS EACH
TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
COST: \$125. PER TRAINEE

2. *JOB TITLES: (32) MANUAL SORTERS*
DEPT: GLOVES SORTING DEPT.
TYPE OF TRAINING: RAPID MANAGEMENT - 10 TRAINING HOURS EACH
TRAINING PROVIDER: UNIVERSITY OF COVE BREWTON, MANAGEMENT DEPT.
COST: \$125. PER TRAINEE

SECTION 4. TRAINING PROGRAM BUDGET:

Please use this form as a guide; Show all formulas used to calculate totals as indicated. **BE SPECIFIC**

NOTE: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please consider this when developing your budget and timeline.

A. Budget Category	B. <u>Incumbent Worker Training Program</u> Assistance Requested	C. * Employer Contribution	D. TOTAL (B. & C.)
1. Non-Company Instructor Wages/Tuition <i>(This information should be reconciled with Section 3. Training Project Description)</i> <i>Example:</i> 1) Rapid Management 101: \$ 125. X (24) = \$3,000. 2) Rapid Management 101: \$125. X (98) = \$12,250.			
2. Curriculum Development			
3. Materials/Supplies/ Textbooks <i>(Itemize)</i> <i>Example:</i> (10) Rapid Manuals @ 15.90 ea. = \$159.00			
4. Training Equipment Purchase	<i>Cannot fund with Incumbent Worker project funding</i>		
5. Other Costs <i>(Describe)</i>			
6. Travel, Food, Lodging	<i>Cannot fund with Incumbent Worker project funding</i>		
7. Trainee Wages <i>(Including benefits)</i>	<i>Cannot fund with Incumbent Worker project funding</i>		
TOTALS			

***NOTE:** The employer must contribute 50% or more to the training project to be considered for Incumbent Worker Training funding. Examples of employer contribution can include expenses associated with: 1) Instruction/Tuition; 2) curriculum development; 3) materials/supplies; 4) trainee wages (including benefits) of employees during training.

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 the application for each checked box explaining “how” and/or “why” this training would result in the specific outcome.

<input type="checkbox"/> Will save ____ jobs within our company	<input type="checkbox"/> Will create ____ openings in entry-level positions.
<input type="checkbox"/> Will improve the long-term wage levels of trainees	<input type="checkbox"/> Will improve the short-term wage levels of trainees
<input type="checkbox"/> Will create ____ new jobs within our company	<input type="checkbox"/> Would help prevent company from having to relocate operations
<input type="checkbox"/> Will lower employee turnover in our company	<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"/> Will make this location more competitive
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will assist in the training of disabled	<input type="checkbox"/> Will assist welfare to work participants
<input type="checkbox"/> Will increase the profitability of our company	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will be an important component of our company’s overall workforce employee development efforts	
<input type="checkbox"/> Will assist in the improvement of international trade opportunities	

SECTION 6. CERTIFICATION BY AUTHORIZED COMPANY REPRESENTATIVE

[NOTE: THE INDIVIDUAL SIGNING THE APPLICATION BELOW MUST HAVE AUTHORITY TO ENTER CONTRACTS ON BEHALF OF THE APPLYING COMPANY].

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 or falsifying public records and/or forfeiture of any training funding awards approved through this program.

Signature:	Title:
Print Name:	Date:

Please allow at least 30 business days for your application to be processed.

Mail original and two copies to: WIA Incumbent Worker Training Program
 Workforce Development Division
 State Planning & Rapid Response Section
 P. O. Box 5690
 Montgomery, Alabama 36103-5690

Based on the amount of available Alabama WIA Incumbent Worker Training Program funds, companies may apply for program funding once every other program year. If you have any questions concerning the application, please contact Carmen Moa-Rivera, Workforce Development Division, ADECA, at (334) 353-1799.