

Alabama Workforce Investment System

**Office of Workforce Development
401 Adams Avenue
Post Office Box 5690
Montgomery, Alabama 36103-5690**

November 10, 2004

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2000-29, Change 10

SUBJECT: Workforce Investment Act (WIA) Incumbent Worker Training Program

- 1. Purpose.** To issue the attached replacement pages for the guidelines and application for the WIA Incumbent Worker Training Program.
- 2. Discussion.** The WIA Incumbent Worker Training Guidelines were revised to include an equal opportunity policy statement. The program application was also revised to include a question to determine if companies applying for incumbent worker training funds have equal opportunity policies.
- 3. Action.** A copy of the updated Alabama WIA Incumbent Worker Training Program Guideline replacement pages are attached. Please read the revised program guidelines and application form for updated information concerning the program. The information in the program guidelines is also to be made available to all interested program applicants. Please disregard the following current program pages: 7 & 8 and replace them with the attached pages: 7 & 8.
- 4. Contact.** Any questions regarding this Directive should be addressed to Carmen Moa-Rivera (334) 353-1799 or Sara Calhoun (334) 353-1632 in the State Programs and Divisional Budget Management Section, Workforce Development Division.



Steve Walkley, Division Director
Workforce Development Division

Attachment

APPLICATION INSTRUCTIONS

- Detach and complete the attached Incumbent Worker Training Program Application, Potential Service Provider Form, 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 on additional pages 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 Potential Service Provider Form, Tax I.D. Form, and Executive Form #55 (Alabama Disclosure Statement) to:**

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

NOTE: It is recommended the application be submitted at least 30 working days before the planned start date of training. Submission of a completed application does not constitute approval of Incumbent Worker Training. Approval of the application from the ADECA Director, and the Director of the Office of Workforce Development must be obtained before the start of any training. No pre-agreement costs will be paid and only allowable expenditures (as contained in the approved budget) 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 one of the following ADECA Office of Workforce Development staff members; Carmen Moa-Rivera at (334) 353-1799 or via e-mail: carmenm@adeca.state.al.us or Sara Calhoun at (334) 353-1632 or via e-mail: sarac@adeca.state.al.us.

The Alabama Department of Economic and Community Affairs and the Office of Workforce Development Incumbent Worker Training Program is an equal opportunity employer/program.

**ALABAMA WIA INCUMBENT WORKER TRAINING
PROGRAM APPLICATION**

SECTION 1: COMPANY INFORMATION

COMPANY NAME:			
BUSINESS NAME, IF DIFFERENT FROM ABOVE:			
STREET/MAILING ADDRESS:			
CITY:		ZIP:	COUNTY:
P.O. BOX ADDRESS:			
CITY:		ZIP:	COUNTY:
COMPANY CONTACT PERSON:		TITLE:	
PHONE:	EXT.	FAX:	
E-MAIL ADDRESS:		WEB SITE:	
DATE BUSINESS BEGAN OPERATIONS:	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 2004/2005:			
IS YOUR COMPANY RECEIVING/APPLYING FOR OTHER PUBLIC TRAINING FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES EXPLAIN:			
DOES YOUR COMPANY HAVE AN EQUAL OPPORTUNITY/NONDISCRIMINATION POLICY IN PLACE?: <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 SUBMISSION OF 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"/> WOMAN-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 INSTRUCTOR	<input type="checkbox"/> PRIVATE TRAINING INSTITUTION
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:	
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE: