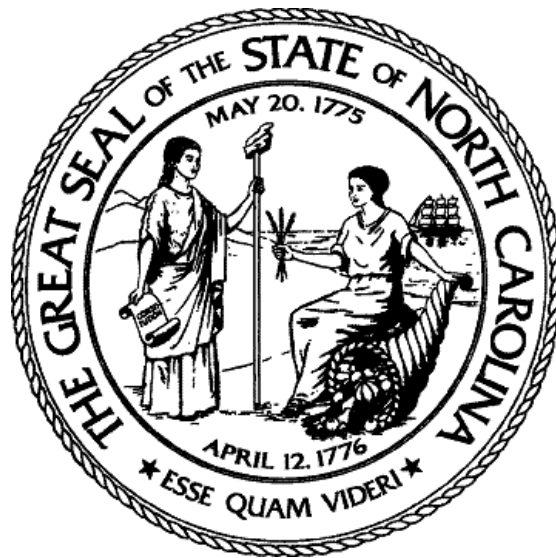


**THE STATE OF NORTH CAROLINA**  
**INCUMBENT WORKFORCE DEVELOPMENT**  
**PROGRAM**



**APPLICATION**  
**PROGRAM YEAR**  
**JULY 1, 2013 - JUNE 30, 2014**



## North Carolina Incumbent Workforce Development Program Application

**Note:** For an application to be considered, all requested and applicable information must be provided.

### **SECTION I. BUSINESS INFORMATION**

The sections of the application are to be completed by the Applicant. Please complete within the form; the space will expand.

If the application is for a collaborative grant, the companies included in the grant, but **not** the lead applicant, are to also complete Attachment F.

#### A. Applicant Information

Business 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 training location:	Total number of paid employees at this location:	Total number of paid employees throughout NC:	NAICS Code:
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) _____	Other: _____
Employer's Federal ID #:		Unemployment Insurance ID #:	

B. Parent Company

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 Website:	

C. Business Status Checklist

- Has the company been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the date of application?  Yes  No
- Is your company current on all North Carolina 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 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**

In addition to the IWDP, the North Carolina Community College System provides funds through the Customized Training Program. Introduced in 2008, the Customized Training Program is an integration of two prior programs: The New and Expanding Industry Program (NEIT) and the Focused Industrial Training Program (FIT). To maximize resources, the business must demonstrate that it is not eligible for, or has exhausted efforts to secure, funding through this or other existing programs (examples: agreement on an acceptable training schedule timeline; availability of funds to meet training timeframe).

A. Please describe the results of your communication with a local community college or publicly-funded college or university concerning the availability of resources through: 1) The Customized Training Program, and/or 2) other potential training resources that could fund the training described herein.

Contact: \_\_\_\_\_

Institution: \_\_\_\_\_

Outcome of discussion: \_\_\_\_\_

**NOTE:** If more than one contact was made, supply the same information for each contact.

- B. Are any of the training components described in this application available from any publicly-funded community college or university? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Has your company previously received any training grants, such as the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training or other training grants from any government 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? Yes No (If no, explain.)		
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

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

- D. Has your company previously received any Incumbent Workforce Development Training Grants? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please provide the following information about each grant received:

Local Workforce Development Board:
Amount of Award: _____ Dates of Grant Period: _____
Types of training provided:
Have the terms and agreements of the training been completed? Yes No (If no, explain.)
Summary of the outcome(s) from the training:
Explain the relationship, if any, to the training described in this application:

Local Workforce Development Board:
Amount of Award: _____ Dates of Grant Period: _____
Types of training provided:
Have the terms and agreements of the training been completed? Yes 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 Start Date: \_\_\_\_\_

Project Length: \_\_\_\_\_ (to be no longer than 12 months from date of contract)

Amount of Funds Requested: \_\_\_\_\_

Number of Employees who will attend **only** an orientation/introduction of the training: \_\_\_\_\_  
**(Do not count this number in the “Number of Employees to be trained”)**

**Number of Employees to be trained** (Count each **one** time): \_\_\_\_\_

B. Collaborative Grant

If this is a Collaborative Grant, please provide the following for each company, including the lead applicant:

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

C. Training Components

See Attachment A for the Training Component Template. The form can be replicated as many times as necessary to include all Training Components requested for funding. If the application is for a collaborative grant, the companies included in the grant, but **not** the lead applicant, are to also complete Attachment F.

D. Incumbent Worker Defined

An incumbent worker is:

- A paid employee of the applicant business, or a person working for a business as a staffing agency employee;
- At least 18 years of age;
- A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- An employee to be trained that works at a facility located in North Carolina or working for a staffing agency and placed at a North Carolina facility.

Are all employees to be trained an eligible Incumbent Worker as described above? \_\_\_\_ Yes \_\_\_\_ No

E. Project Abstract

Please provide the following information on Attachment B:

1. Background information on the company;
2. Overview of the training (not to exceed ½ page) and information to support the request and need for training;
3. Description of how the training plan will lead to employee retention and company competitiveness; and reason for requesting financial assistance to conduct the training.

## SECTION IV. 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 Training Components listed in Section III C. Training Components, Attachment A.** All proposed expenses must be allowable, reasonable and necessary (see Attachment C). Please provide the required information on this budget form, rather than submitting attachments.

The applicant is encouraged to place a monetary value on the contributions that will be made to this training request, if funded. 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 IWDP. See Attachment C for additional information on allowable costs.

Category	Grant Funds Requested	Employer Contribution (in-kind, cash, etc., expressed in \$)	Explanation and Detail Please place a “G” after all explanation of costs to be paid by IWDP funds and <b>Itemize the cost of each Training Component.</b>
Instructor Wages/Tuition			(Example: CAD training \$300 x 10 employees=\$3000)
Manuals/Textbooks (itemize)			(Example: 10 Microsoft manuals at \$30 each=\$300)
Training Certifications, Certificates, Credentials, Licenses			(Specify number and type)
Materials/Supplies			(Itemize and describe)
Software (used 100% for the training; limited to 5% of total of other grant - eligible expenses)			

Category	Grant Funds Requested	Employer Contribution (in-kind, cash, etc., expressed in \$)	Explanation and Detail
Training equipment purchase (can be employer contribution)			
On-site facility usage (can be employer contribution)			
Employees' travel, food, lodging (can be employer contribution)			
Employees' wages (can be employer contribution)			
<b>Total Funds</b> (Both Grant and EC)	\$	\$	TOTAL TRAINING INVESTMENT (Grant + EC): \$

The Local Workforce Development Board and the NC Division of Workforce Solutions reserve the right to remove or adjust any part of the budget prior to grant approval.

**SECTION V. AUTHORIZATION AND CERTIFICATION**

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

- I have read the Incumbent Workforce Development Training Program Guidelines and coordinated this application with the Local Workforce Development Board;
- 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 Workforce Development Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions, or misrepresentations may subject the Business to civil or criminal penalties;
- I understand that training materials purchased with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no costs;
- The Business agrees to adhere to all reporting requirements; and to respond to a Customer Satisfaction Survey(s), if asked; and
- The Business agrees to provide all requested data elements as required for federal reporting.

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 A**  
**TRAINING COMPONENT # \_\_\_\_\_**

<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 <u>each</u> Instructor of this Component.</b>		
Name of Trainer/Instructor:		
Qualifications of Trainer/Instructor to Teach Component:		
Please provide the information requested in questions 1-3.		
1.	Please identify the skills gaps of the employees to be trained.	
2.	<p>Explain how the training will address those skills gaps by either:</p> <p style="padding-left: 40px;">Qualifying the trainees for a job with changing skill requirements or for a higher paying job with the existing employer or other companies in the area?</p> <p style="text-align: center;"><b>OR</b></p> <p style="padding-left: 40px;">Helping the trainees obtain the skills and knowledge to perform work that is at a higher level than their current position?</p>	
3.	How will this training component impact the employees' opportunity for advancement in the company and/or wage increases?	

**NOTE:** This template is to be replicated for each Training Component. Duplicate information in additional components that appears in a prior component may be noted as "Same as Component # \_\_\_\_\_" in the appropriate subsection.

**ATTACHMENT B**  
**PROJECT ABSTRACT**

**SECTION VI.**

Please provide the following information, not to exceed three (3) pages:

1. Background information on the company;
2. Overview of the training (not to exceed ½ page) and information to support the request and need for training;
3. Description of how the training plan will lead to employee retention and company competitiveness; and
4. Reason for requesting financial assistance to conduct the training.

## ATTACHMENT C

### Reimbursable / Non-Reimbursable Training Costs

The following is a listing of reimbursable and non-reimbursable training costs for North Carolina's Incumbent Workforce Development Program (IWDP):

#### Allowable Training Costs:

- Instructors' / trainers' salaries
- Tuition costs for training courses
- Training that results in participants obtaining an industry-recognized certification or credential to include training preparation for certification exams. Funding must be requested for both the training and the certification exam and completed within the twelve (12) month contract.
- On-line training
- Employee skills assessment that results in primary training funded through the grant
- Textbooks / manuals used 100% for the training activities
- Materials and supplies directly related to the funded training
- Computer software used 100% for the training activities, limited to 5% of the total request of the other eligible expenditures within the application
- Travel for trainers-if the requested training is not available within reasonable proximity to the business

#### Non-Allowable Training Costs:

- Employee wages, fringe benefits, travel, and process improvement or quality-related training
- Training-related costs incurred prior to the beginning date of the contract with the LWDB or after the contract ends.
- Training which is reimbursed / required by other public agencies or departments, such as but not limited to OSHA, Worker's Compensation, etc.
- Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to remain licensed or certified
- Employment or training in sectarian activities
- Curriculum design and/or training program development
- Any costs associated with in-house company trainers to include parent company employees, also to include employees of collaborative businesses, if applicable
- Trainers must not be employed by any business whose employees are being trained
- Purchase of employee assessment systems or systems usage licenses (ex., site licenses)
- Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
- Compensation or consultant fees not directly related to the provision of training
- Any costs that would normally be considered allowable, but for which there is no request / cost for training related to the item(s) within the application
- Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable (long lasting and/or reusable) training materials
- Business relocation or other similar / related expenses
- Travel outside of contiguous United States or costs associated with bringing a trainer into the country
- General office supplies and non-personnel services costs, i.e., postage and photocopying
- Membership fees / dues
- Food, beverage, entertainment, and/or celebration-related expenses
- Job / position profiling
- Publicity / public relations costs
- Costs associated with conferences

**ATTACHMENT D**

**NC WORKFORCE DEVELOPMENT BOARD CONTACT INFORMATION**

**<http://support.ncommerce.com/joblink/default.aspx?var=workforcedevboards>**

**ATTACHMENT E**

**NC DEPARTMENT OF COMMERCE 2013 COUNTY TIER DESIGNATIONS**

<b>TIER 1</b>		<b>TIER 2</b>		<b>TIER 3</b>
Alleghany	Northampton	Alamance	Perquimans	Brunswick
Anson	Richmond	Alexander	Person	Buncombe
Bertie	Robeson	Ashe	Pitt	Cabarrus
Bladen	Rockingham	Avery	Polk	Carteret
Burke	Rutherford	Beaufort	Randolph	Chatham
Caldwell	Scotland	Catawba	Rowan	Durham
Camden	Swain	Cleveland	Sampson	Forsyth
Caswell	Tyrrell	Craven	Stanly	Franklin
Cherokee	Vance	Cumberland	Stokes	Haywood
Chowan	Warren	Currituck	Surry	Henderson
Clay	Washington	Dare	Transylvania	Iredell
Columbus	Wilkes	Davidson	Wayne	Johnston
Edgecombe	Wilson	Davie	Yadkin	Mecklenburg
Gates	Yancey	Duplin		Moore
Graham		Gaston		New Hanover
Halifax		Granville		Orange
Hertford		Greene		Pender
Hoke		Guilford		Union
Hyde		Harnett		Wake
Jackson		Lee		Watauga
Jones		Lincoln		
Lenoir		Macon		
Martin		Madison		
McDowell		Nash		
Mitchell		Onslow		
Montgomery		Pamlico		
		Pasquotank		

**ATTACHMENT F  
MULTIPLE BUSINESS COLLABORATIVE FORM**

Please complete Attachment F for each additional business that is part of a collaborative grant, but not the lead applicant. This attachment(s) is to be included as part of the completed application.

**A. Applicant Information**

Business Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Business Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	
Description of Business Product(s) or Service(s):			
Years in business at training location:	Total number of paid employees at this location:	Total number of paid employees throughout NC:	NAICS Code:
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) _____	Other: _____
Employer's Federal ID #:		Unemployment Insurance 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 Business Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Authorized Representative:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	

C. Business Status Checklist

- Has the company been in operation in the State of North Carolina during the entire twelve-month period immediately preceding the date of application? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is your company current on all North Carolina 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 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 Workforce Development Training Grant(s)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please provide the following information about each grant received:

Local Workforce Development Board:		
Amount of Award:	Dates of Grant Period:	
Types of training provided:		
Have the terms and agreements of the training been completed?	Yes	No (If no, explain.)
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

Local Workforce Development Board:		
Amount of Award:	Dates of Grant Period:	
Types of training provided:		
Have the terms and agreements of the training been completed?	Yes	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. What are the identified skills gaps of your employees and how does this training address these skills gaps and bring value to the company?

(Cell will expand as you type.)
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F. Explain how the training will address those skills gaps by: qualifying the trainees for a job with changing skills requirements, or for higher paying jobs; OR allowing the trainees to obtain the skills and knowledge to perform work that is at a higher level than their current position.

(Cell will expand as you type.)
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**AUTHORIZATION AND CERTIFICATION FOR ATTACHMENT F**

As authorized representative of the Collaborative Business submitting this application, I hereby certify that:

- I have read the Incumbent Workforce Development Training Program Guidelines and coordinated this application with the Local Workforce Development Board;
- 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 Workforce Development Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions, or misrepresentations may subject the Business to civil or criminal penalties;
- I understand that training materials purchased with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no costs;
- The Business agrees to adhere to all reporting requirements: and to respond to a Customer Satisfaction Survey(s), if asked; and
- The Business agrees to provide all requested data elements as required for federal reporting.

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

\_\_\_\_\_  
Authorized Signature  
(Collaborative Business Representative)

\_\_\_\_\_  
Date