**Incumbent Worker Grant through High Country Workforce Development Board**

**Business Application**

**Section I: Business Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Name:  j | | | | |
| Street/Mailing Address: | | | | |
| City/State: | | Zip: | | County: |
| Company Contact Person & Title: | | | Email:  Phone:  Fax: | |
| Description of Business Product(s) or Services (3-5 sentences): | | | | |
| Months/Years in business: | Total number of paid employees at this location: | | | Legal Structure of Business:  Sole Proprietor  Partnership  Corporation  LLC  Other: |
| Tax Status of Business:  For-profit  Not-for-profit | Employer’s Federal ID #:  Unemployment Insurance ID#: | | | |
| Parent Company?  Yes  No  *(If yes, please indicate business names in space provided.)* | Parent Company Name:  Representative:  Contact Phone & Email: | | | |
| Is this a collaborative grant?  Yes  No  *(If yes, please indicate business name in space provided.)* | Business:  Representative:  Contact Phone & Email: | | | |

**Section II:** **Training Summary** *(If applying for more than one training, request another*

*training summary template from hcwdb, do not combine training information.)*

|  |  |
| --- | --- |
| Training Topic/Course Title: | |
| Course Description and/or Objectives: | |
| Estimated Training Date(s): | |
| Number of Trainees1: | Training Location: |
| Name of Training Provider (Organization - if applicable): | |
| Name of Trainer/Instructor: | |
| Address, City, State, Zip: | |
| E-Mail Address: | Phone: |
| Qualifications of Trainer/Instructor to Teach Component (2-3 sentences): | |

**Section III: Budget**

Instructions:

* If applying for more than one training, request another budget template from hcwdb; do not combine budget info for multiple trainings.
* Refer to the last page (Reimbursable expenses) for specific costs that can be included in the budget request

|  |  |  |
| --- | --- | --- |
| **Category** | **Grant Funds Requested** | **Explanation/Detail:** |
| Training/Course Registration | $ |  |
| Manuals/Textbooks | $ |  |
| Training Certifications, Certificates, Credentials, Licenses | $ |  |
| Materials and Supplies | $ |  |
| Travel Expenses\* | $ |  |
|  | Total Amount Requested: $ |  |

**Employer’s Non-Federal Share (Indicate only one with information in corresponding table)**

My business has less than 50 employees, a 10% non-federal share\*\* is required for this grant

|  |  |  |  |
| --- | --- | --- | --- |
| Wages: $ | Facility Fee: $ | Meals/Travel\*: $ | Training Equipment Purchase: $ |
| Total Non-federal share: $ ≥10% of the above total amount requested | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Wages: $ | Facility Fee: $ | Meals/Travel\*: $ | Training Equipment Purchase: $ |
| Total Non-federal share: $ ≥25% of the above total amount requested | | | |

My business has between 50-100 employees, a 25% non-federal share\*\* is required for this grant.

My business has more than 100 employees, a 50% non-federal share\*\* is required for this grant

|  |  |  |  |
| --- | --- | --- | --- |
| Wages: $ | Facility Fee: $ | Meals/Travel\*: $ | Training Equipment Purchase: $ |
| Total Non-federal share: $ ≥50% of the above total amount requested | | | |

**Section IV:** **Training Abstract** *(Please provide all of the following information on a separate document)*

1. Background information on the company

1. Overview of the training and information to support the request and need for training

1. Description of how the requested training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer

1. Reason for requesting financial assistance to conduct the training

**authorization and certification**

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

* I have read the HCWDB Employment Training Grant guidelines/policy.
* The Business meets the requirements of the policy in regard to business and employee eligibility and is eligible to submit this application.
* The information contained in this application is true and accurate.
* 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 adhere to all reporting requirements requested by HCWDB upon notification of award.
* The Business agrees to provide all data elements as required for federal reporting.
* The Business agrees to resubmit this application if HCWDB requests edits within the designated timeframe.
* The requested training expense is in accordance with the reimbursable requirements outlined in the ETG policy.
* Trainee applications for all employees seeking training are attached to this application.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including English proficiency), age, disability, political affiliation or belief, or on the basis of the individual’s citizenship status.

Employer Representative Print Name: \_\_\_\_\_\_\_

Employer Representative Signature: \_

Date: \_

**REIMBURSABLE /NON-REIMBURSABLE TRAINING COSTS**

**The following is a listing of reimbursable and non-reimbursable training costs for the HCWDB Employee Training Grant:**

Allowable Training Costs:

* 1. Training / Course registration
  2. 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.
  3. Web-based online training
  4. Employee skills assessment that results in primary training funded through the grant
  5. Textbooks / manuals used 100% for the training activities
  6. Materials and supplies directly related to the funding training
  7. Travel for trainers, if the requested training is not available within reasonable proximity to the business.
  8. Process improvement or quality-related training to support the state’s Business Edge initiative.

Non-Allowable Training Costs:

1. Employee related costs such as wages, fringe benefits, and travel.
2. Training-related costs incurred prior to the beginning date of the contract with the HCWDB or after the contract ends.
3. Training that the company or an entity on the company’s behalf already provides to its employees.
4. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws.
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification, or accreditation.
6. Courses that are part of a trainee’s pursuit of an educational degree.
7. Employment or training in sectarian activities.
8. Curriculum design and/or training program development.
9. Trainers employed by any business whose employees are being trained to include parent company employees.
10. Purchase of employee assessment systems or systems usage licenses (example: site licenses).
11. Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade.
12. Third party compensation or fees not directly related to the provision of the requested training.
13. 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.
14. 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.
15. Business relocation or other similar/related expenses.
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the country.
17. General office supplies and non-personnel services costs (example: postage and photocopying).
18. Membership fees/dues.
19. Food, beverage, entertainment, and/or celebration related expenses.
20. Job/position profiling.
21. Publicity/public relations costs.
22. Costs associated with conferences.

\*\* Non-Federal share is defined as the following in HCWDB’s IWG policy. Non-Federal share can also be referred to as an “in-kind” contribution. This may include the amount of wages paid by the employer to a worker while the worker is attending a training. Other examples may include facility fee rental for the training, meals, travel for the employees participating in the training, and/or any training equipment purchases not covered as a reimbursable expense. For example, if a training costs $5,000. And your business has less than 50 employees (which requires a 10% non-federal requirement), the minimum non-federal share required would be $500.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Employee to be trained** | **Training Topic/Course/Certification** | **Trainee Application Attached?** | **Will this training fulfill a skills’ gap?** | **Will this training result in increased compensation?** | **Will this training result in advancement for this employee?** |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |

**SECTION V: TRAINEE SUMMARY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Employee to be trained** | **Training Topic/Course/Certification** | **Trainee Application Attached?** | **Will this training fulfill a skills’ gap?** | **Will this training result in increased compensation?** | **Will this training result in advancement for this employee?** |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |
|  |  | Yes  No | Yes  No | Yes  No | Yes  No |

**SECTION V: TRAINEE SUMMARY**

**Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This request for information* ***is confidential*** *and will be used solely in determining your eligibility for the employee training grant funded by the federal Workforce Innovation & Opportunity Act.*

**Do you have an NCWorks ID? If so, please enter it here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you do not have an NCWorks ID, please register at** [**www.ncworks.gov**](http://www.ncworks.gov)

1. Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### First Middle Initial Last

# Date of Birth (MM/DD/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Last 4 digits of Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street/P.O. Box Apt. # City State Zip Code County*

1. Primary Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Male Female
3. Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. Hispanic or Latino? Yes No
4. Are you a citizen of the United States or authorized to work in the United States?

Yes No

1. Do you have a disability you wish to state? Yes No
2. Did you register with Selective Service if male and born after 12/31/1959? Yes No N/A
3. Are you currently in the military or a veteran of U. S. military service? Yes No *(If no, skip to question 13)*
   1. Years of U. S. military service: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Are you within 24 months of retirement or 12 months of discharge from the military (Transitioning Service Member)? Yes No N/A
   3. Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? Yes No N/A
   4. Disabled Veteran? Yes No N/A
   5. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? Yes No N/A
4. Are you the spouse of a veteran? Yes No *(If no, skip to question 14)*
   1. Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated? Yes No N/A
   2. Are you a caregiver who is a spouse or family member to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?   
       Yes No N/A
   3. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? Yes No N/A
5. Are you a current member of the North Carolina National Guard? Yes No
6. Do you have a high school diploma or a GED? Yes No
   1. If no, what was the last grade you completed? \_\_\_\_\_\_
7. Do you have a college degree? 2-year 4-year Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_
8. What was your start date for employment at this business (MM/YY)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please read the statement below and sign.***

I certify that the information provided in this application is true to the best of my knowledge. I am aware that this information will be verified and that any falsification shall be grounds to deny services and may subject me to prosecution under the law. I understand that the information will be used to determine eligibility for WIOA services and may be released for verification and federal reporting purposes.

EmployeeSignatureDate