

# Incumbent Worker Training Application

\*To be completed by the applicant and/or lead applicant. \*

\*All requested information on this form must be provided. \*

## SECTION I: EMPLOYER INFORMATION

Employer Name:		
Street/Mailing Address:		
City/State/ZIP:		County:
Employer Contact Person:		Title:
Phone #:	Website:	
E-mail:		
Description of Employer Product(s) or Service(s):		
Years in Operation in Oregon:	Years at Current Training Location:	
Employer Size Total:	Staffing agency used for new-hire <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full-time employees:	Number part-time:	Number of Seasonal:
Employer Type (check all that apply): <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Private For- Profit <input type="checkbox"/> Private Not-for-Profit		
FED ID #:	BIN #:	NAICS Code:
Is this employer a subsidiary of another employer or affiliated with a parent employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the following information about the parent/affiliated employer if different from the above or indicate "Same" below.		
Parent/Affiliated Employer Name:		
Street/Mailing Address:		
City/State/ZIP:		
Authorized Representative:		Title:
Email:		
Phone #:	Fax #:	
Website:		

## SECTION II: EMPLOYER STATUS INFORMATION

Current on all Oregon state taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current on all federal taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current on all county, city and local taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Filed for bankruptcy recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relocated in the last 120 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operated in the local area for at least 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have relocated did it result in layoffs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Union affiliated? If yes, attach a letter of endorsement from union official.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plans to have other training in addition to Incumbent Worker Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outstanding wage and hour, health and safety or discrimination complaints or adverse decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experienced a sale or change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Received Incumbent Worker Funding from SOWIB in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Layoffs in the previous 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TRAINING IS NECESSARY DUE TO: (CHECK ALL THAT APPLY)

Company expansion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changing industry requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retooling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Introduction of new services/product lines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expansion of physical operations/production lines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organizational restructuring	<input type="checkbox"/> Yes <input type="checkbox"/> No
New technology	<input type="checkbox"/> Yes <input type="checkbox"/> No

## ANTICIPATED OUTCOMES OF TRAINING:

Will result in wage increases:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will significantly increase employee skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will result in ability for trainee to advance within the company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will result in continued employment and no reduction in wages:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will make the company location more competitive:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will create new jobs within the company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will provide industry certifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will address identified skills gaps:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will increase the company efficiency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will be an important part of the company's overall employee development efforts:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION III: TRAINING INFORMATION and PLAN

Briefly explain how this training will address the identified skills gaps, improve employee retention, impact company stability and increase the competitiveness of the employer and employee by either (1) upgrading their skills and knowledge to retain their current job; **or** (2) gaining new skills and knowledge so they qualify for a different job with their employer; and (3) gain new skills to avert potential layoff. **In the brief description, indicate whether training is for 1, 2, or 3.**

**Identify the skill gaps requiring training.**

Amount of funds requested: \$	Amount of employer match: \$
Anticipated training start date:	Training end date:
Total training duration (# of hours/weeks):	Total number of trainees:
Planned number of trainees per cycle:	Number of planned cycles:
Total number of training hours per employee:	Number of training hours per cycle:
Training will result in industry recognized certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type or title of certification:

**Training Course Title:**

**Training Course Description:** Include description of proposed training project. Be specific. Include job titles or occupations of trainees, departments, type of training is different by title and department, identified skill gaps and how training addresses skills improvement; or how training will impact company advancement opportunities; or how training increases company competitiveness; or other training needs to be addressed.

**Please provide or attach detailed information on the training curriculum.**

**Occupations requiring training assistance (including skills requirements of the occupations):**

**List of competencies employees will attain:**

## Training Provider Information

Training Provider will be: ☐ In-house ☐ Public institution ☐ Private Training Institution  
☐ Private Trainer/Instructor

Training will be provided: ☐ On-site ☐ At Training Institution ☐ Other site (specify):

Name of training provider (in-house, institution, or individual):

Name of training provider contact:

Street/mailling address:

City/State/ZIP:

Phone #:

Ext. #:

E-Mail:

Identify/describe the trainer's credentials

## SECTION IV: TRAINING BUDGET

**Please apply for only the amount needed to meet immediate needs and that clearly support the training plan above. All expenses must be reasonable, necessary and allowable and conform to the regulations found in the Uniform Administration Guidance. Any part of the budget may be removed or adjusted prior to application approval.**

Employer grant match: Employers eligible for Incumbent Worker training funding must provide a portion of the training costs as a match. The amount of match that an employer must contribute is dependent upon the size of the employer and shall not be less than:

- 10% of the training costs – for employers with 50 employees or fewer
- 25% of the training costs – for employers with 51 employees to 100 employees
- 50% of the training costs – for employers with more than 100 employees

Employer size is based on the number of employees currently employed at the local operation where the incumbent worker training will occur. Employer size is determined by the number of employees at the time of the execution of the incumbent worker training contract. This applies to all employers, including employers with seasonal or intermittent employee size fluctuations. Employers must provide documentation that indicates employer size.

The match provided by an employer may include the amount of the wages paid by the employer while the worker is attending training, equipment purchased for training, curriculum development expenses, travel and lodging costs, etc. The employer may provide the share in cash or in kind, fairly evaluated. The employer match must not be paid by the Federal government under another Federal award, except where the Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs.

The employer will be required to calculate its match as a part of the application for training funds and an actual share at the conclusion of the training. Should the non-federal share not meet the limits, the funds could potentially have to be repaid. Official payroll records, time and attendance records, invoices for equipment purchased, etc. must be utilized to determine the amount of the employer's share of cost.

### Costs that may qualify for reimbursement:

- Training materials and supplies including manuals
- Training tuition or registration
- Instructor/trainer wages (If not included in tuition)
- Materials and supplies
- Certification/testing
- Off-site training space (e.g., classroom rental, etc.)

### Non-reimbursable costs:

- Trainee wages
- Purchase of any item or service that may possibly be used outside of the training budget (to include computer equipment and non- training related software)
- Travel expenses of trainers or trainees
- Advertisement or recruitment
- Purchase of capital equipment
- Capital improvements
- Costs incurred prior to approval of the grant
- Meals, lodging or travel – (Exception for lodging for trainer/instructor if necessary)
- Membership fees/dues
- Conferences

## INCUMBENT WORKER DEFINED

To qualify as an incumbent worker, the incumbent worker needs to be:

- employed;
- meet the Fair Labor Standards Act requirements for an employer-employee relationship; and
- have an established employment history with the employer for six months or more, unless the training is being provided to a group/cohort of employees and the majority of employees have been employed with the business for six months or more.

Temporary employees that do not have an employer-employee relationship with the business are not considered incumbent workers. However, periods of temporary employment may count towards an employee's time with the company for the purposes of meeting the six-month minimum requirement above.

## SCOPE OF WORK/SPECIFICATIONS

**ELIGIBILITY:** Eligible applications must come from businesses and/or associations of workers. Businesses must have conducted operations for 120 days or more in Coos, Curry and/or Douglas counties, or may not have laid off workers at current site or another site in the U.S. within the last 120 days due to an expansion or relocation. Incumbent Training Funds cannot be used to train government employees, to encourage or induce relocation of a business or part of a business, make capital purchases, cover employee wages while in training, or cover training costs incurred prior to the award of a contract

## APPLICATION

Incumbent Worker Training Funds are awarded on a competitive basis. The following applications are given priority:

- Applications that represent an upgrade in employee skills and/or employee wage increases as a result of the training
- Applications with training plans that emphasize occupational skills training
- Applications that represent a layoff avoidance strategy and provide retention opportunities
- Applications for businesses that have not already received a grant from SOWIB within the last 12 months.
- Training requested falls within industry sectors as identified by Southwestern Oregon Workforce Investment Board. (Manufacturing, transportation, construction, maritime, childcare and health care.)

**IT IS RECOMMENDED THAT YOU SUBMIT YOUR APPLICATION AT LEAST 30 DAYS PRIOR TO THE PROJECTED START DATE OF TRAINING.**

Complete the attached Program Application to apply for funding. Any question(s) that cannot be answered in the space provided should be answered on a separate sheet of paper and attached to the back of the application form. If you have any questions or need assistance in completing the application, please contact:

Submit the signed, completed application to:

**Rena Langston**  
**Program Manager**  
**[rlangston@sowib.org](mailto:rlangston@sowib.org)**  
**(541) 863-2897**

IWT TRAINING BUDGET (Total Training Project)			
Category	Grant Funds Requested	Employer Match	Explanation
Training Registration/Tuition			(Example: CAD training \$100 x 10 employees = \$1,000)
Instructor Wages (if not included in tuition)			(Specify instructor/trainer wages if not included in tuition)
Manuals/Textbooks			(Example: Microsoft manuals @ \$30 x 10 employees =\$300)
Materials/Supplies			(Specify)
Certification/Testing			(Specify type and cost including testing, etc.)
Training Equipment Purchase			(Specify and justify need)
Trainee Wages			(Specify Hourly Rate and # of Hours in Training)
Employee Training- related travel, lodging and food			(Specify and justify need)
On-site facility usage			(Specify and justify need)
Off-site Training Space (e.g., classroom rental, etc.)			(Specify)
Other (Specify)			(Specify and justify need)
<b>TOTAL TRAINING COSTS:</b>			<b>Comments:</b>
<b>GRAND TOTAL (GRANT &amp; EMPLOYER PAID):</b>			
<b>Grant Cost/trainee:</b>			
<b>Total Costs/trainee:</b>			

## SECTION V: AUTHORIZATION AND CERTIFICATION

**As the authorized representative of the employer submitting this application, I hereby certify the following:**

1. The employer meets the requirements for IWT and is eligible to submit this application;
2. The information contained in this application is true and accurate and reflects the intentions of the IWT program;
3. I am aware that any false information, intentional omissions or misrepresentations may result in rejection of the application and possible disqualification for future funding;
4. I am aware that any false information, intentional omissions or misrepresentations my subject this employer to civil or criminal penalties;
5. The employer agrees to adhere to all reporting requirements and to respond to a Customer Satisfaction Survey(s) if asked;
6. The employer agrees to provide all requested data elements as required for federal reporting, and
7. The employer assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the WIOA as follows: WIOA Section 188 specifies that no individual shall be excluded from participation in, denied the benefits of, subjected to discrimination under or denied employment in the administration of or in connection with any such program or activity because of race, color, religion, sex (as otherwise permitted under Title IX of the Education Amendments of 1972), national origin, age, disability or political affiliation or belief or solely because of the status of the individual as a participant in a program or activity receiving WIOA funds;

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**Authorized Representative Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**