

**THE STATE OF NORTH CAROLINA**  
**NCWORKS INCUMBENT WORKER**  
**TRAINING GRANT**

**NCWorks**

**APPLICATION**  
**PROGRAM YEAR**  
**JULY 1, 2015 - JUNE 30, 2016**



## NCWorks Incumbent Worker Training Grant Application

**Note: The Local Workforce Development Board will inform the business of its advanced submission date and other requirements necessary in order to meet the State’s Submission Deadline.**

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.

#### 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:
	How many of these employees have an employer-employee relationship?		
Legal Structure of Business:	Sole Proprietor	Partnership	Corporation (Designation)
	For-profit	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 state's submission deadline date?	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
Does your company have an employer-employee relationship with all of the trainees?	Yes	No
Is your company subject to a collective bargaining agreement? (If "Yes," please attach a letter of endorsement for the training from the authorized union official)	Yes	No

**SECTION II. AVAILABILITY AND/OR USE OF OTHER FUNDS**

In addition to the NCWorks IW, 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.

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

Contact:	Institution:
Outcome of discussion:	

Contact:	Institution:
Outcome of discussion:	

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:
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Types of training provided:
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Have the terms and agreements of the training been completed? (If no, explain.)	
Yes	No

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

Summary of the outcome(s) from the training:	
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Explain the relationship, if any, to the training described in this application:	
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D. Has your company previously received a NCWorks Incumbent Worker Training Grant?

Yes	No
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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? (If no, explain.)		
Yes	No	
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? (If no, explain.)		
Yes	No	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

E. Has your company previously received a Local Incumbent Worker Training Grant?

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? . (If no, explain.)			
Yes	No		
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? . (If no, explain.)			
Yes	No		
Summary of the outcome(s) from the training:			
Explain the relationship, if any, to the training described in this application:			

F. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employer and employee by either:

Upgrading their skills and knowledge to retain their current job,

***or***

Gaining new skills and knowledge so they qualify for a different job with their employer.

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### 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 <b>only</b> an orientation/introduction of the training: <b>(Do not count this number in the “Number of Employees to be trained”)</b>	
<b>Number of Employees to be trained</b> (Count each <b>one</b> 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):

If the application is for a collaborative grant, all of the companies included in the grant, but not the lead applicant, are to complete Attachment D and each company should be included on the Application Overview.

#### 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.

#### D. Incumbent Worker Defined:

An incumbent worker is:

- a. At least 18 years of age, a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. An employee with an established employment history with the employer for 6 months or more (the employee must be in an employer-employee relationship at least 6 months prior to the NCWorks IW Training Grant’s state submission deadline date);
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- e. An employee to be trained that works at a facility located in North Carolina.

Are all employees to be trained an eligible Incumbent Worker as described above?

Yes	No
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#### 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 requested training will address employees’ skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer.
4. 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 must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the cost, for employers with not more than 50 employees;
- Not less than 25% of the cost, for employers with more than 50 employees, but not more than 100 employees;
- Not less than 50% of the cost, for employers with more than 100 employees.

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending training. The employer may provide the share in cash or in kind, fairly evaluated. A column has been provided for this information.

**NOTE:** Shaded areas allow for the entry of Grant Funds Requested, Employer’s Non-Federal Share, and Explanation and Detail. The shading will appear with the selection of the “Highlight Existing Fields” option in the upper right corner. See Attachment C for additional information on allowable costs.

Category	Grant Funds Requested	Employer’s Non-Federal Share (Wages, in-kind, cash, etc.)*	Explanation and Detail  Please place a “G” after all explanation of costs to be paid by the NCWorks IW funds and <b>Itemize the cost of each Training Component.</b>
Training/Course Registration			(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 and Supplies			



Category	Grant Funds Requested	Employer's Non-Federal Share (Wages, in-kind, cash, etc.)*	Explanation and Detail
Training equipment purchase (can be employer's non-federal share)			
On-site facility usage (can be employer's non-federal share)			
Employees' travel, food, lodging (can be employer's non-federal share)			
Employees' wages (can be employer's non-federal share)			
<b>Total Funds</b> (Both Grant and ENFS)	\$	\$	TOTAL TRAINING INVESTMENT (Grant + ENFS): \$

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.

\*The number of employees is based on all locations within North Carolina

**SECTION V. AUTHORIZATION AND CERTIFICATION**

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

- I have read the NCWorks Incumbent Worker Training Grant 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 NCWorks Incumbent Worker Training Grant;
- 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 Innovation and Opportunity 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.

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Print Name

Title

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Signature

Date

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

<b>Course Title:</b>		
Course Description & 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. Identify the skills gaps of the employees to be trained.
  
2. Explain how the training will address the identified skills gap, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either:
  - Upgrading their skills and knowledge to retain their current job;
  - OR**
  - Gaining new skills and knowledge so they qualify for a different job with their employer.
  
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 requested training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer;
4. Reason for requesting financial assistance to conduct the training.

## ATTACHMENT C

### REIMBURSEABLE/NON-REIMBURSEABLE TRAINING COSTS

The following is a listing of reimbursable and non-reimbursable training costs for the NCWorks IW 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 funded training
7. Travel for trainers-if the requested training is not available within reasonable proximity to the business

#### **Non-Allowable Training Costs:**

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

**ATTACHMENT D  
MULTIPLE BUSINESS COLLABORATIVE FORM**

All of the companies included in the grant must complete Attachment D, but not the lead applicant, and each company must be included on the Application Overview.

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:
	How many of these employees have an employer-employee relationship?		
Legal Structure of Business:	Sole Proprietor	Partnership	Corporation (Designation)
Tax Status of Business:	For-profit	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 state's submission deadline date?	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
Does your company have an employer-employee relationship with all of the trainees?	Yes	No
Is your company subject to a collective bargaining agreement? (If "Yes," please attach a letter of endorsement for the training from the authorized union official)	Yes	No

D. Has your company previously received a NCWorks Incumbent Worker Training Grant?

Yes	No
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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? (If no, explain.)		
Yes	No	
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? (If no, explain.)		
Yes	No	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

E. Has your company previously received a Local Incumbent Worker Training Grant?

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

Yes

No

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? (If no, explain.)		
Yes	No	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

F. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either:

Upgrading their skills and knowledge to retain their current job,

**or**

Gaining new skills and knowledge so they qualify for a different job with their employer.

An incumbent worker is:

- a. At least 18 years of age, a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. An employee with an established employment history with the employer for 6 months or more (the employee must be in an employer-employee relationship at least 6 months prior to the NCWorks IW Training Grant’s state submission deadline date);
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- e. An employee to be trained that works at a facility located in North Carolina.

Are all employees to be trained an eligible Incumbent Worker as described above?

Yes	No
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**AUTHORIZATION AND CERTIFICATION FOR ATTACHMENT D**

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 Innovation and Opportunity 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