



# Incumbent Worker Training Grant Policy with Attachments

Program Year 2018

An Equal Opportunity Employer/Program

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## INCUMBENT WORKFORCE DEVELOPMENT TRAINING POLICY

### A. OVERVIEW

As part of its ongoing commitment to established businesses and their existing workers, the DavidsonWorks Workforce Development Board (WDB) has implemented an Incumbent Workforce Development Training Policy, commonly referred to as Incumbent Worker Training (IWT), to provide educational/skills training for current workers to increase employee competitiveness and the potential for company growth.

Funds for this program are made available through the Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker programs. These funds are received from the U.S. Department of Labor and passed through the N.C. Department of Commerce's Division of Workforce Solutions. Local grants are administered by the DavidsonWorks WDB.

WIOA defines incumbent worker training in Section 134(d)(4)(B) and in the April 16, 2015 Notice of Proposed Rulemaking §680.790 as training:

- a) designed to meet the special requirements of an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment and
- b) conducted with a commitment by the employer to retain or avert the layoffs of the incumbent worker(s) trained

Davidson County businesses may request funds in accordance with the following parameters and specifically through the process described in **Section F** below.

### B. PROJECT FUNDING

The WDB will make available up to 10% of its annual Adult and Dislocated Worker allocations. This policy is contingent on funding.

Individual grants to Davidson County businesses will be limited to **\$10,000 per project.** Grants to groups of businesses are limited to **\$15,000 per project.** A business will be limited to one grant per any twelve month period and to **\$30,000 in lifetime funding** for incumbent worker training, including participation in group projects. The lifetime limit applies only to grants provided on or after March 20, 2018.

For a collaborative application submitted by two or more businesses, the amount of the award will be equally portioned among the businesses included in the application.

***Example:*** Two businesses receive a collaborative training grant in the amount of \$15,000. Each business will have \$7,500 credited towards its lifetime funding limit of \$30,000.

## **C. LOCAL PROGRAM FOCUS AND PRIORITIES**

### **Overview**

On an annual basis (or as deemed necessary), the designated WDB Committee will develop recommendations for local Incumbent Workforce Development program emphasis and priority criteria for funding. Local Area factors to be considered include:

- ❖ Economic conditions
- ❖ Changing needs within occupational clusters
- ❖ Changes in the demographics or status of the workforce

### **Focus and Priority for Selection**

There are three primary areas of focus and priority

#### 1. Employee and Employer Improvement

- ❖ upgrading employee skills
  - ❖ upgrading employee wages\*
  - ❖ training in portable skills
  - ❖ business and/or employee retention
- \*especially for employees earning \$15.00/hour or less

#### 2. Targeted Occupational Clusters

- ❖ Healthcare
- ❖ Advanced manufacturing
- ❖ Transportation and logistics
- ❖ Aviation

#### 3. Small Businesses

- ❖ Employers with 100 or fewer employees at all locations combined

Priority for project applications will be given to businesses whose primary product or service is focused in these areas or for training employees within the business who work in these occupational areas.

## **D. APPLICANT CRITERIA**

Because funds are limited, the business must certify that it is not eligible for or has exhausted efforts to secure training funds through existing incumbent worker training programs at the North Carolina Community College System (Customized Training).

### **The business applicant must:**

- ❖ Be a private, for-profit, or private not-for-profit business which generates income through the production of products or the provision of services
- ❖ Have been in operation in Davidson County for the entire twelve (12) month period preceding the application date and be limited to training for workers in a Davidson County location only
- ❖ Be current on all Federal, North Carolina, and local tax obligations

- ❖ Ensure that all trainees are current employees of the business, per the Fair Labor Standards Act. To be considered an employee, an employee-employer relationship must exist between the worker and the business. Workers employed through staffing agencies are not eligible for incumbent worker training in the Local Area.
- ❖ Have 250 or fewer employees at its primary business location in Davidson County; a group applicant cannot have more than 750 employees in Davidson County and no single employer within the group may employ more than 250 individuals

The business must agree to provide an opportunity to interview and consider an NCWorks-registered or referred job seeker(s) to backfill the incumbent worker trainee's position(s) if promoted.

A third party may develop a project application on behalf of a business or group of businesses but fees for developing the application or administering any aspect of the project are not reimbursable under this grant.

The following entities are not eligible for funding:

- ❖ A business that is currently receiving training funds from a state or local government or other public entity that, in any way, duplicates the training being proposed
- ❖ A business that previously received funds passed through the local WDB for any type of project, that upon the determination of the WDB, did not substantially meet the proposed outcomes of the previous project or that did not act in good faith toward achieving the objectives of the project
- ❖ A training provider or educational entity
- ❖ A labor union
- ❖ A government entity
- ❖ A not-for-profit agency that does not generate income through the production of products or the provision of services.
- ❖ A business that employs more than 250 workers in Davidson County.
- ❖ A business that employs fewer than 5 employees.

**Federal requirements mandate that, at a minimum, the following data for each training participant must be entered in NCWorks Online:**

- ❖ Social Security Number
- ❖ Complete Name and Contact Information
- ❖ Gender
- ❖ Date of Birth
- ❖ Citizenship (Right-to-Work Status)
- ❖ Selective Service Compliance
- ❖ Disability Status
- ❖ Ethnicity and Race

Each employee trainee must:

- ❖ Be at least 18 years of age and a paid employee of the applicant business or businesses
- ❖ Meet selective service requirements if applicable
- ❖ Be a citizen of the United States or a non-citizen whose status permits employment in the United States
- ❖ Have a relationship with the employer that meets the Fair Labor Standards Act requirements for an employee-employer
- ❖ Have an established employment history with the employer for six months or more (in an employer-employee relationship for six months prior to the grant submission deadline)\*

- ❖ Contract workers and workers originally employed through a staffing or temporary agency after six months or more in an employer-employee relationship
- ❖ Work for the applicant company at a Davidson County location

*\*As outlined in TEGE WIOA 19-16, an exception exists to the six month requirement-- when training takes place in a cohort setting, not every employee must meet the six month employment requirement as long as the majority of the employees trained meet the employment history requirement.*

## **E. PROGRAM OUTCOME MEASURES**

A business will identify project performance outcomes in its application and explain why each outcome is important to the business and its employees and how the project will produce the outcome. The local Incumbent Workforce Development program focuses resources on strengthening the profitability and competitiveness of businesses and increasing documented and portable worker skills that lead to wage gains and job security.

Each project application must identify at least one employee-related outcome measure and at least one employer-related outcome measure from the list below:

### Employee-Related Outcomes

- ❖ Increased skill level of trained worker as documented by credential attainment such as occupational certificate, competency-based completion of skill-specific training, or other similar outcome.
- ❖ Increased wage level of trained worker within ninety (90) days of training completion based on employer confirmation.
- ❖ Retention of a worker who has been identified as a candidate for layoff due to lack of a required skill set, for ninety (90) days after training, based on employer confirmation.

### Employer-Related Outcomes

- ❖ Aversion of a layoff, plant closing, business relocation or consolidation as a result of the training
- ❖ A documented decrease in employer turnover rate for the six months following training completion
- ❖ Increased profitability of the business as a result of the training
- ❖ Enhancement of the company's competitiveness in its industry as a result of the training

Outcomes must be written in clear terms that indicate exactly what is expected and how the outcomes will be obtained and measured. As part of the **project award agreement**, the WDB will outline how follow-up documentation, which demonstrates the ultimate success of the project, based on the planned outcomes, will be verified.

## **F. APPLICATION PROCESS**

The project application, guidelines, and rating criteria are available by visiting the DavidsonWorks office, 220 East 1<sup>st</sup> Avenue Extension, Lexington, NC 27292, or contacting the DavidsonWorks Business & Industry Unit, 336-242-2970, or online via the DavidsonWorks website [www.davidsonworks.org](http://www.davidsonworks.org).

Local businesses must contact WDB staff for advice and technical support prior to preparing an application. A DavidsonWorks Business & Industry staff member will provide an overview of the IWT program, guidelines, and will provide an orientation on the application process. Questions related to this program or other business services available through the WDB may be directed to **DavidsonWorks WDB Business Services Unit** via email at [tim.maness@davidsoncountync.gov](mailto:tim.maness@davidsoncountync.gov) or by phone, (336) 242-2970.

Applications may be submitted on an ongoing, rolling basis. Applications must be submitted via hard copy with original signatures. The DavidsonWorks Business & Industry Unit will coordinate pick-up or delivery of the IWT application packet.

Funding decisions will be made within 45 days of receiving an application. Businesses will be notified in writing of an application's approval or denial. Denied applications will have 30 days to be resubmitted. The WDB Business Services Staff will consult with the IWT applicant to identify problem areas with the application. One resubmission is permitted per IWT project. If rejected a second time, the business must wait 90 days prior to submitting another application.

Application process overview:

1. Obtain an application packet by visiting the DavidsonWorks WDB office or contacting the DavidsonWorks Business & Industry Unit, or through the DavidsonWorks website [www.davidsonworks.org](http://www.davidsonworks.org).
2. Review the guidelines to ensure eligibility for IWT funding (contact Business & Industry staff for questions about eligibility).
3. If eligible, contact a Business & Industry staff member for an orientation and technical assistance on completing the IWT application.
4. Submit the IWT application on a rolling basis.
5. Funding decision will be made within 45 days; applicant's approval or denial will be made in writing.
  - a. Rejected applications may be re-submitted within 30 days of denial notification date.
  - b. Applications rejected a second time will not be reconsidered for 90 days.
6. IWT projects may begin once funding notification has been made to the business.

See **Section H** for Project and Application Requirements.

## **G. MATCHING FUNDING REQUIREMENTS**

Employers are required to pay for a significant cost of the training for those participants in incumbent worker training. This can be achieved through cash and/or in-kind payments. The wages paid to participants, while in training, may be considered as a source of matching funds. 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 percent of the cost for employers with more than 100 employees. (WIOA Section 134(d)(4)).

## **H. PROJECT REQUIREMENTS**

### **Types of Allowable Training**

The following types of training can be funded:

- ❖ Occupational skills training designed to meet the special requirements of a business or group of businesses, and result in retention of all trained workers
- ❖ Educational training including workplace literacy, basic skills in situations where it is not practical or feasible to be provided at no cost by the community college, soft skills, and English language learner.

### **Project Specifications**

- a) A completed application must be submitted in order to be considered. At a minimum, this will include: statement of need, training and budget with supporting narrative, number of employees being trained, projected outcomes.
- b) The business must describe how, where, and by whom the training will be provided.
- c) A business subject to a collective bargaining agreement must include a letter from the authorized union official indicating involvement in the planning and/or support of the proposed training project.
- d) The Workforce Innovation and Opportunity Act (WIOA) and local policy requires that individuals receiving training subsidized by WIOA funds must meet the criteria outlined in Section D above.
- e) Both the employer and all employees receiving training must be registered and enrolled in NCWorks Online ([www.ncworks.gov](http://www.ncworks.gov)). Additionally, employers are responsible to ensure that all employees receiving training are registered in NCWorks.
- f) The business must be prepared to begin contracted activities within sixty days of contract execution, must complete training, as defined in the contract, within twelve months of the contract start date.

## **I. REIMBURSABLE AND NON-REIMBURSABLE COSTS**

The IWT grant is awarded on a reimbursable basis. IWT grantees are reimbursed for approved expenses (outlined below). The WDB reserves the right to holdback 10% of the reimbursable expenses until the final report is submitted and approved by the Business & Industry Unit.

### **Reimbursable Costs**

Only expenses specifically included in the final contract budget will be allowable and may include:

- ❖ Training/Course registration
- ❖ 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
- ❖ Web-based online 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
- ❖ Travel for trainers- if the requested training is not available within reasonable proximity to the business



## **Non-Reimbursable Costs**

- ❖ Employee related costs such as wages, fringe benefits, travel
- ❖ 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 that employees are already provided, either by the company or on the company's behalf
- ❖ Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws
- ❖ Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification or accreditation
- ❖ Courses that are part of a trainee's pursuit of an educational degree
- ❖ Employment or training in sectarian activities
- ❖ Curriculum design and/or training program development
- ❖ Trainers employed by any business whose employees are being trained to include parent company employees
- ❖ Purchase of employee assessment systems usage licenses (example: site licenses)
- ❖ Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
- ❖ Third party compensation or fees not directly related to the provision of the requested 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 (example- 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.

## **J. EVALUATION PROCEDURES**

- ❖ The business will submit a monthly project performance report during the term of the agreement.
- ❖ Invoices for activities will be on a cost-reimbursement basis only and documentation must be sufficient to justify the requested payment. Only items identified in the contract budget will be reimbursable.
- ❖ Formal monitoring of the project will be conducted by WDB staff at least once during the term of the contract, to include evaluating compliance with the Non-Federal Share requirement.
- ❖ A Final report and invoice must be submitted within 45 days of project completion date. The final reimbursement (10% holdback) will not be distributed until receipt of final report.

# ATTACHMENT A

## DAVIDSONWORKS WORKFORCE DEVELOPMENT BOARD

### INCUMBENT WORKFORCE DEVELOPMENT PROGRAM



### APPLICATION

Program Year  
July 1, 2018 - June 30, 2019

## DavidsonWorks 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 within the application text boxes 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 D. Please note DavidsonWorks Business & Industry staff can provide technical assistance with the application process.

#### 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 Davidson County:	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 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 D.

**D. Incumbent Worker Defined**

An incumbent worker is:

- A paid employee of the applicant business;
- At least 18 years of age;
- Meets selective service requirements if applicable;
- ❖ Have a relationship with the employer that meets the Fair Labor Standards Act requirements for an employee-employer;
- ❖ Have an established employment history with the employer for six months or more (in an employer-employee relationship for six months prior to the grant submission deadline)\*;
- ❖ Contract workers and workers originally employed through a staffing or temporary agency after six months or more in an employer-employee relationship;
- A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- Works at a facility located in Davidson County.

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

*\*As outlined in TEGE WIOA 19-16, an exception exists to the six month requirement-- when training takes place in a cohort setting, not every employee must meet the six month employment requirement as long as the majority of the employees trained meet the employment history requirement. **Let the DavidsonWorks Business & Industry staff know if this applies to your project.***

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 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.

As outlined in **Section G** of the *IWTG policy/guidelines*, the applicant is required to contribute to the grant through cash and/or in-kind payments. Match percentage is based on the following parameters:

- 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 percent of the cost for employers with more than 100 employees.

**NOTE:** Shaded areas represent expenses not eligible to be funded through the IWT grant, but may be considered a portion of the required match. See **Attachment C** for additional information on allowable costs.

Category	Grant Funds Requested	Non-federal Share (in-kind, cash, etc., expressed in \$)	Explanation and Detail Please place a “G” after all explanation of costs to be paid by IWT 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)			



<b>Category</b>	<b>Grant Funds Requested</b>	<b>Non-federal Share (in-kind, cash, etc., expressed in \$)</b>	<b>Explanation and Detail</b>
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 + NFS): \$

The Local Workforce Development Board reserves 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 DavidsonWorks 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 & 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

\_\_\_\_\_  
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 or 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 DavidsonWorks' 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  
MULTIPLE BUSINESS COLLABORATIVE FORM**

Please complete Attachment D 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.)
---------------------------------

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.)
---------------------------------

**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 & 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  
(Business Services Representative)

\_\_\_\_\_  
Date



# **ATTACHMENT B**

## **APPLICATION ASSESSMENT**

### **DAVIDSONWORKS INCUMBENT WORKFORCE DEVELOPMENT PROGRAM PROGRAM YEAR JULY 1, 2018 – JUNE 30, 2019**

**PURPOSE: The purpose of this document is to provide a common assessment methodology for each application submitted for the Incumbent Workforce Development Program (IWDP).**

#### **INSTRUCTIONS:**

- 1) Complete one form per application received. Each form will be used to assess the application for adherence to criteria and completeness.**
- 2) DavidsonWorks WDB is responsible for assessing and assuring the quality of the information addresses and supports the eligibility criteria as outlined in local policy.**

**There are two types of review required.**

#### **A) Criteria Eligibility – noted by “C” in front of the appropriate questions**

- A “NO” on a criteria question indicates that the application is not viable for IWDP, with the possible exception of the training component assessments.**
- A “NO” on a training component criteria question indicates that the specific training component is not eligible for funding.**
- The LWDB is encouraged to work with a business in revising the application if it deems that the business has misunderstood, skipped or inaccurately answered criteria questions, if time and conditions allow.**

#### **B) Quality Review – noted by “Q” in front of the appropriate questions**

- Incomplete applications are not eligible**

DavidsonWorks Incumbent Workforce  
Development Program Application Assessment  
For PY 20 \_\_\_\_\_

**Business Name** \_\_\_\_\_

**Amount Requested** \_\_\_\_\_

**Assessed by** \_\_\_\_\_

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

**Complete one form for each application submitted.**

Section I. Business Information			
<b>A. Applicant Information</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Q--Have all fields been completed?	Yes	No	
Q--Does the company fall within one of the four certified career pathway sectors?	<input type="checkbox"/>	<input type="checkbox"/>	
Q--Does the applicant qualify for special consideration for small business by having less than 100 employees at the applicant's location <b>AND</b> less than 250 employees throughout Davidson County?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. Parent Information</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Comments</b>
Q--Is the company a subsidiary of another company or affiliated with a parent company?	Yes	No	
Q--If Yes, has the company provided all information about the corporation / parent company?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Comments</b>
Q--If Yes, has the company provided all information about the corporation / parent company?	Yes	No	
<b>C. Business Status Checklist:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Comments</b>
C--Has the company been in operation in Davidson County during the entire 12 months preceding the date of the application?	Yes	No	
C--Is the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Comments</b>
C--Is the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?	Yes	No	
Q--Is the business subject to collective bargaining?	<input type="checkbox"/>	<input type="checkbox"/>	<b>Comments</b>
C--If Yes, is a letter of endorsement included?	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Does the company meet <b>ALL</b> eligibility criteria in this section? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the application is not eligible for funding.			

**Section II. Availability And / Or Use Of Other Funds**

<p><b>A.</b> C--Does the application support the required communication and outcomes of the applicant with the local community college and/or a publicly-funded college or university demonstrating that it is not eligible for or has exhausted efforts to secure funding?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p><b>Comments</b></p>
<p><b>B.</b> Q--Is the training requested in this application available from any publicly-funded community college or university?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p><b>Comments</b></p>
<p><b>C.</b> Q--Has the applicant previously received funding from the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training, or other training grants?</p> <p>1. Q--If so, has the applicant provided complete information pertaining to the Funding Source, Award Amount, Dates of Grant Period, terms of the Grant, outcomes, and the relationship to the training requested in this application?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p><b>Comments</b></p>
<p><b>D.</b> Q--Has the applicant previously received any Incumbent Workforce Development Training Grant funding?</p> <p>1. Q--If so, has the applicant completed the information indicating the Board Name, Amount of Award, Dates of the Grant, types of training that were provided, terms of the Grant, outcomes, and the relationship to the training received and the relevance to training requested in this application?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p><b>Comments</b></p>
<p align="center">Does the information provided meet <b>ALL</b> eligibility criteria in this section?</p> <p align="center"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </p> <p align="center">If no, the application is not eligible for funding.</p>			

### Section III. Training Plan

#### A. Training Summary

Does the application:

1. Q--Provide all Information? Yes No
2. C--Indicate that the project will occur after the beginning date of the contract with the LWDB, and before the contract ends? Yes No
3. C--Signify that the training will be completed within 12 months? Yes No
4. C--Reflect the number of employees to be trained to be less than or equal to the number of paid employees? Yes No

#### B. Collaborative Grant

Q--Is this a Collaborative Grant Application?

Yes No

(If yes, Attachment F of the application must be completed for each non-lead participating business. Attachment B of the Application Assessment must also be completed.)

1. C--If Yes, have the names of all the companies and the number to be trained (unique count) been provided? Yes No

**C. Training Components** – Fill out one assessment for each Training Component. See Attachment A.

**D. Incumbent Worker is defined as:**

- **At least 18 years of age and a paid employee of the applicant business or businesses**
- **Meet selective service requirements if applicable**
- **Be a citizen of the United States or a non-citizen whose status permits employment in the United States**
- **Have a relationship with the employer that meets the Fair Labor Standards Act requirements for an employee-employer**
- **Have an established employment history with the employer for six months or more (in an employer-employee relationship for six months prior to the grant submission deadline);**
- **Contract workers and workers originally employed through a staffing or temporary agency after six months or more in an employer-employee relationship**
- **Work for the applicant company at a Davidson County location**

C--Has the applicant confirmed that all employees to be trained meet the definition of an Incumbent Worker as described above?

Yes

No

**E. Project Abstract**

C--Has the applicant supplied a Project Abstract?

Yes

No

C--Does it provide background information on the company, and an overview of the training that is requested?

Yes

No

C--Does the abstract describe how the requested training leads to employee retention and company competitiveness?

Yes

No

C--Is the rationale justifiable for requesting financial assistance for this training?

Yes

No

Does the information provided meet **ALL** eligibility criteria in this section?

Yes No

If no, the application is not eligible for funding.

#### Section IV. Budget

C--Does the amount listed in the "Grant Funds Requested" column equal the total of the amounts shown under the "Component Cost Charged to Grant" found in each of the training components?

Yes

No

C--Have funds been requested for instructor wages / tuition?

**\*\*Note\*\* This is a training grant and no other expenses can be considered without this grant expense.**

Yes

No

C--If funds are requested for certifications, certificates, and licenses, is it a direct result of the training requested?

Yes

No

C--Of the software requested, is it 5% or less of the total request of the other eligible expenditures?

Yes

No

C--If software is requested, is it 100% for the eligible training activities described in the grant?

Yes

No

C--Are all other grant-related expenses directly related to the requested training?

Yes

No

C--Are all granted-requested cost reasonable and allowable?

Yes

No

C--Is the requested funding within the criteria limits?

Yes

No

Does the application meet **ALL** eligibility criteria in this section?

Yes No

If no, the application is not eligible for funding.

#### Section V. Authorization and Certification

C--By way of a signature, has a company-authorized representative certified the information provided within the application?

Yes  No

If no, the application is not eligible for funding.

**ATTACHMENT A**  
**Training Component # \_\_\_\_\_**  
**Complete One Sheet Per Training Component**

Q--Is there a course title and course description and objectives for the training component?

Yes  No

Q--Has the applicant provided the training schedule and the estimated training dates?

Yes  No

Q--Has the applicant provided the number of trainees and training location?

Yes  No

Q--Does the application state the cost of the component and what portion of the cost will be charged to the grant?

Yes  No

**\*\*Note\*\* The “Component Cost Charged to the Grant” should capture all cost to be charged to the grant.**

Q--Has the applicant named the Training Provider, Training Provider Contact with contact information to include address, phone number, and email address?

Yes  No

Q--Does the application provide the name of the trainer / instructor that will teach the training component and state her / his qualifications?

Yes  No

C--Do the qualifications support the selection of the instructor for delivering the training?

Yes  No

**Questions 1-3**

1. C--Does the application identify the skills gaps of the employees to be trained?

Yes  No

2. C--Does the application explain how the training will address those skill gaps by either:

Yes Qualifying the trainees for a job with changing skill requirements or for higher paying jobs with the existing employer or other companies in the area?

**OR**

Yes Helping the trainees obtain the skills and knowledge to perform work that is at a higher level than their current position?

3. C--Does the application describe how this training will impact the employees' opportunities for advancement in the company and / or wage increases?

Yes  No

**Review the Allowable / Non-Allowable Costs for IWDP funding**

C--Is this Training Component allowable for reimbursement?

Yes

No

**If no**, the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable.

Does this training component meet **ALL** the eligibility criteria in this section?

Yes

No

**If no**, the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable.



ATTACHMENT B

DavidsonWorks Incumbent Workforce  
Development Program  
Collaborative Application Assessment  
For PY 20 \_\_\_\_\_

Complete **ONE** Collaborative Application Assessment **for each business** included in the application that is not the lead applicant.

This form correlates with Attachment F of the Application.

Section I. Business Information			
<b>A. Applicant Information</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Q--Have all fields been completed?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Q--Does the company fall within one of the four certified career pathway sectors?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Q--Does the applicant qualify for special consideration for small business by having less than 100 employees at the applicant's location <b>AND</b> less than 250 employees throughout North Carolina?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>B. Parent Information</b>			<b>Comments</b>
Q--Is the company a subsidiary of another company or affiliated with a parent company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Q--If Yes, has the company provided all information about the corporation / parent company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Comments</b>
<b>C. Business Status Checklist:</b>			<b>Comments</b>
C--Has the company been in operation in North Carolina during the entire 12 months preceding the date of the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C--Is the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Comments</b>
C--Is the business subject to collective bargaining, and if so, is a letter of endorsement included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Comments</b>

<p><b>D.</b> Q--Has the applicant previously received any Incumbent Workforce Development Training Grant funding?</p> <p>Q--If so, has the applicant completed the information indicating the Board Name, Amount of Award, Dates of the Grant, types of training that were provided, terms of the Grant, outcomes, and the relationship to the training received and the relevance to training requested in this application?</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes	<input type="checkbox"/> No  <input type="checkbox"/> No	<p><b>Comments</b></p>
---	--	--	------------------------

**E.** Has the collaborative business provided the following:

1. C-Identified the skills gaps of its employees to be trained?  
Yes                      No

2. C-Explained how the training will address those skill gaps by:

Yes Qualifying the trainees for a job with changing skill requirements, or for higher paying jobs with the existing employer or other companies in the area?

**OR**

Yes Helping the trainees obtain the skills and knowledge to perform work that is at  
a higher level than their current position?

Does the company meet **ALL** eligibility criteria in this section?  
Yes    No

If no, this business is not eligible to participate in this collaborative application.

**Collaborative Business (Non-Lead) Authorization and Certification**

**C--By way of a signature, has a company-authorized representative certified the information provided within Attachment F for its business?**  
 Yes    No

If no, this business is not eligible to participate in this collaborative application.

# ATTACHMENT C

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**COMPANY NAME**  
**Expenditure Form**

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<i>Category</i>	<i>Budget</i> \$	<i>Current Cost</i> <i>(less 20% holdback)</i>	<i>10% Holdback</i>	<i>Amount to Pay - Without Holdback</i>
<b>TOTAL</b>	\$	\$	\$	\$

Company Representative \_\_\_\_\_

Date \_\_\_\_\_

Submit expenditure report by the 20<sup>th</sup> of each month to the following address:

DavidsonWorks  
P.O. Box 1067  
Lexington, NC 27293-1067

Reports must be supported with source documentations, i.e. copies of bills, invoices, etc.

# ATTACHMENT D

## Trainee Information Form

COMPANY NAME

Trainee Name	Job Title	Current Wage	Description/Name of Training	Beginning Date	Ending Date	Total Training Hours and Training Status

Company Representative \_\_\_\_\_

Date \_\_\_\_\_