

Incumbent Worker Training Business Application

SECTION 1: BUSINESS APPLICANT INFORMATION

Business Legal Name		Parent Company Name (if applicable)	
Street Address			
City		State	Zip Code
Mailing Address (if different from street address)			
City		State	Zip Code
Business Contact Name		Title	
Phone Number (include area code)		Email	
Website Address			
Minnesota Tax ID		County	
FEIN		Primary NAICS Code for Project Location	
Date of Inception	Years in Business		Total Number of Employees

LEGAL STRUCTURE OF THE BUSINESS

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> LLC	<input type="checkbox"/> Government Entity
<input type="checkbox"/> Other:					
Is your business receiving/applying for any other training funds? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please list the name of the program or type of grant:					
Name of grant:					
Amount of award:		Year award was received:		Year training was complete:	
Does the business have any outstanding local, state, or federal tax liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please describe:					
Business is in the process of a layoff of current employees.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there current or unsatisfied judgements or injunctions against the business or owners?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there current or pending litigation involving the business? (If yes, attach summary and disposition.)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past five years, have there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal, or local government agency? If yes, please attach a copy of the violation(s), citation(s), or complaint(s), and the disposition of each.					<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CHECK ALL THAT APPLY UNDER A OR B

A. Workforce Talent Development

- ☐ A business that proposes to expand capacity.
- ☐ A business that proposes to increase employee skills and competencies.
- ☐ A business that proposes to train the workforce to remain viable and competitive.
- ☐ A business that proposes to retrain workers with new technologies.

B. Layoff Aversion

- ☐ A business that will use worker training to divert layoffs.
- ☐ A business that will avoid relocation.
- ☐ A business that will avoid closure.

SECTION 2: TRAINING PROJECT INFORMATION

Description of the proposed training project. Prepare a brief summary of the program. The summary must include the following:

- Description of the educational/training component.
- Applicant must describe their upskill/backfill strategy. Preference will be given to projects that will fill currently vacant positions or vacancies created through promotion of project trainees with local dislocated workers.
- Number of trainees to be served, including job titles and departments.
- Training provider details, including provider name, number of hours of training, cost of instruction/tuition, type of training provided, resulting certifications.
- Anticipated start and end date of the training.

Example: Vendor Training Provider

- Five (5) plastic operators in the Production Department
- Course Name: How to Make Plastic
- Number of training hours: 28
- Training Provider Name: Society of Plastics Industry via satellite downlink at company site
- \$500 per trainee = \$2,500.00 (course cost), NOTE: Incumbent Worker Training funds cannot be used to pay for costs incurred outside the contract period (effective beginning and ending dates of the contract.)

SECTION 3: TRAINING PROJECT DETAIL

Trainee Name	Start Date	Social Security # (last 4 digits)	Position Title	Current Wage	Date of Training

SECTION 4: TRAINING PROGRAM BUDGET

A. Budget Category	B. Total Costs	C. Incumbent Worker Training Funds Request	D. Employer Contribution (B-C)
1. Instruction Wages/Tuition (required field) (This information should reconcile with Section 2: Training Project Information) Example: column B should be the total cost of the training in Section 3. 1) How to Make Plastic: \$500 x 5 = \$2,500 2) New Visions: \$35/hr. x 24 hrs. = \$840; TOTAL COST = \$3,340			
2. Curriculum Development (include calculation of costs in Section 3)			
3. Manuals/Textbooks (itemize in Section 3) Example: Column B should be the total cost of the manuals in Section 3. 10 new manuals @ \$30 each = \$300			
4. Training Equipment Purchase (must be employer contribution)			
5. Other Costs (e.g., copies, DVDs) a) _____ b) _____			
6. Facility Usage (If some trainings take place at a company site, then this is a required field.)			
7. Travel, Food, Lodging (If some training takes place offsite, then this is a required field.)			
8. Subtotal			
9. Training Wages, including benefits (required field)			
10. Indirect Costs			
11. GRAND TOTAL (required field)			

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IWT cost per trainee = line 11, column C, ÷ by number of trainees required field
 Employer contribution ratio – line 11, column D, ÷ by line 11, column C required field

Note: Businesses will be required to provide a portion of the training costs, dependent upon the size of the business and the number of employees it has (e.g., instructor's wages, curriculum development, and training manuals/textbooks). Examples of employer contribution, in addition to the direct costs, may include wages paid to trainees during the training period, equipment purchased to be used in the training project, manuals and textbooks, curriculum development, facility usage, and travel.

SECTION 5: EXPECTED OUTCOMES

Describe the expected outcomes of the training, including any expected measurable outcomes. Please describe/answer how this training will impact:

- Business ability to expand or avert a layoff or retain trained employees
- Wage and/or benefit increase for training completers
- Explain potential career pathway or advancement opportunities for training completers
- Backfill strategy if advancement occurs (priority should be given to dislocated workers)
- Other training opportunities offered by the business

NOTE: Businesses will be required to demonstrate in their expected measurable outcomes, certificates or credentials obtained by trainees, increased wages for the trainee within one year of successfully completing the training, or promotions received by trainees.

SECTION 6: BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION**Data Privacy Acknowledgement**

Tennessen Warning Notice: Per MN Statutes 13.04, Subd. 2, this data is being requested from you to determine if you are eligible for an award under the Career Solutions Incumbent Worker Training Program. You are not required to provide the requested information, but failure to do so may result in Career Solutions' inability to determine your eligibility for an award. The data you provide is classified as private or nonpublic and cannot be shared without your permission except as specified in statute.

Data Privacy Notice: Per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non-public data. This includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans, income and expense projections, balance sheets, customer lists, income tax returns, and design, market, and feasibility studies not paid for with public funds.

Business Certification

I have read the above statements and agree to supply the information requested to Career Solutions with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name of Business Official**Title****Signature**

Date (mm/dd/yy)

Upon request, this document can be made available in an alternate format.