



**West Piedmont Workforce Investment Board**  
Incumbent Worker Training Funds Application

**Section 1: Company Information**

Please check the target industry that your organization falls under:	<input type="checkbox"/> Health Services <input type="checkbox"/> Information Technology <input type="checkbox"/> Business & Financial Services <input type="checkbox"/> Agribusiness <input type="checkbox"/> Customer Service <input type="checkbox"/> Defense & Security <input type="checkbox"/> Transportation & Logistics <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____
--	--

<b>Parent or Corporate Name of Applying Company (As Listed on IRS W9 Form):</b>					
<b>Physical Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>P.O. Box Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Company Name, if Different:</b>					
<b>Physical Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>P.O. Box Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

<b>Company Contact:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Email:</b>	

<b>Federal I.D. No.:</b>		<b>Date Business Began in Area:</b>	
<b>Number of Full-Time Workers:</b>		<b>Number of Part-Time Workers:</b>	
<b>Tax Status of Business:</b>	<input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit (Designation) <input type="checkbox"/> Other: _____		
<b>Legal Structure of Business:</b>	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation		
<b>Is your company current on all Federal, State of Virginia, County, City and Local Tax Obligations?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is your company receiving and/or applying for other public training funds?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, explain:</b>			
<b>Does your company have an equal opportunity/non-discrimination policy in place?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is your company subject to a collective bargaining agreement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If yes, and if union represented employees will be participating in the training activities of this program, it is required that consent be obtained from the representing union to collect the eligibility data from the employees PRIOR to funding approval.</i>			
<b>Is your company willing to provide project outcome information to the WPWIB?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>This company is: (check all applicable)</b>	<input type="checkbox"/> Native-American Owned <input type="checkbox"/> Asian-American Owned <input type="checkbox"/> African-American Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> Hispanic-American Owned <input type="checkbox"/> Other Minority Owned _____		
<b>Please provide a brief description of your business, product(s), and/or service(s):</b>			

## Section 2: Training Provider Information

*(attach additional sheets, if necessary)*

<b>Training Provider(s) will be:</b>	<input type="checkbox"/> Public Training Institution <input type="checkbox"/> Private Training Institution <input type="checkbox"/> Company Instructor	
<b>Training will be Delivered:</b>	<input type="checkbox"/> On-site at the Business <input type="checkbox"/> At the Training Institution <input type="checkbox"/> At a Remote Location	

<b>Training Provider:</b>					
<b>Program Name:</b>					
<b>Contact Name:</b>		<b>Phone:</b>			
<b>Physical Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

**Section 3: Needs Identification**

**Indicate which challenge(s) would be addressed by the proposed training.**

*(Check all that apply; at least one must be identified for funding consideration)*

<input type="checkbox"/>	Declining Sales
<input type="checkbox"/>	Supply Chain Issues
<input type="checkbox"/>	Adverse industry market trends
<input type="checkbox"/>	Changes in management behavior or ownership
<input type="checkbox"/>	Phasing out certain function, introducing new functions/lines that require worker retraining
<input type="checkbox"/>	Required skill changes that would otherwise require downsizing, layoffs, etc. if not addressed
<input type="checkbox"/>	New technology and/or equipment implementation
<input type="checkbox"/>	Creation of new employment opportunities that require advance skills and knowledge
<input type="checkbox"/>	Other:

**Section 4: Training Project Information**

Please describe your organization's challenges that would be addressed by the proposed training.

---



---



---



---



---

What credential, if applicable, will the individuals receive from the proposed training?

---

---

---

What are the job titles and average salaries for the individuals that would receive the proposed training?

---

---

---

---

How will this training make the participant and your organization more competitive in this economy?

---

---

---

---

What is the potential for wage increases at the completion of the training and/or within one year of training end date?

---

---

---

---

How will this training allow the participating individuals to retain their employment?

---

---

---

---

### Section 5: Training Program Budget

This section must be completed to show use of proposed training funds and employer match contributions. **Please provide specified training information and itemize completely.**

A. Budget Category	B. Requested Funds	C. Employer Contribution	Sub-Total (B+C)
<b>Non-Company Instructor Fees or Tuition Costs</b>			
			\$
<b>Training Related Rentals (facilities, equipment, tools, etc.)</b>			
			\$
<b>Materials/Supplies/Textbooks</b>			
			\$
<b>Other Costs (Describe)</b>			
			\$
<b>Travel/Food/Lodging For Instructor(s) Only</b>			
			\$
<b>Trainee Wages (Including Benefits)</b>			
	<b>Incumbent Worker Training Funds Cannot be Used (Can be counted as in-kind match for employer contribution)</b>		\$

### Section 6: Incumbent Worker Training Funds Requested

<b>Training Funds Requested:</b>	\$
<b>Number of Employees to be Trained:</b>	
<b>Proposed Training Start Date:</b>	
<b>Anticipated Training End Date:</b> <i>(Maximum of 12 months from proposed start date)</i>	

#### Signature and Certification

By my signature, I verify the information in this application is accurate to the best of my knowledge and I have the authority to submit this application on behalf of the named employer. I also certify that I have read the West Piedmont Workforce Investment Board's Incumbent Worker Training Policy and agree to all of the terms and conditions outlined in that policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone/email:** \_\_\_\_\_

*The West Piedmont Workforce Investment Board is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 711. Funded by the U.S. Department of Labor.*