



Incumbent Worker Training Program Application

SECTION 1: Company Information			
Company Name:			
Street/Mailing Address:			
City:	ZIP:	County(ies) where business is located:	
Company Contact Person:			Title:
Phone:	Ext.:	Fax:	
Email Address:	Website Address:		
Is your company a subsidiary or affiliated with a parent company?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes: Affiliate or parent company information:			
Name:			
Street/Mailing Address:			
City:	State:	ZIP:	
Date of Inception:	Years in Business:	Total # Full-time Employees at this location:	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Other Specify:	
Employer's Federal ID #:		Unemployment Comp ID #:	
Florida Sales Tax Reg. #:		Primary NAICS (SIC) Code:	
Is your company current on all State of Florida and federal tax obligations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Please estimate the total amount your company will spend on training in 2022/2023.			
Is your company receiving/applying for other public training funds?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes explain:			
Does your company have any outstanding liens, judgments or other defaults with any agency in the State of Florida?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes explain:			
Description of your business, product(s) and/or service(s):			
Amount of Funds Requested:		Number of FT Employees to be Trained:	
Training Start Date:		Training End Date:	
If company is minority owned, please check appropriate box(es) below.			
<input type="checkbox"/> Native/American owned		<input type="checkbox"/> African/American owned	
<input type="checkbox"/> Asian/American owned		<input type="checkbox"/> Women-owned	
<input type="checkbox"/> Hispanic/American owned		<input type="checkbox"/> Other minority owned (specify):	
The local company is located in a:			
<input type="checkbox"/> Distressed inner-city area	<input type="checkbox"/> HUB Zone	<input type="checkbox"/> Rural area	

SECTION 2: Training Provider Information

Type of training provider(s):	<input type="checkbox"/> Public training institution	<input type="checkbox"/> Private training institution	
	<input type="checkbox"/> Company employee	<input type="checkbox"/> Private instructor	
Training will be delivered:	<input type="checkbox"/> On-site	<input type="checkbox"/> At the training institution	<input type="checkbox"/> At a remote location
Name of Training Provider(s):			
Training Provider Website (URL)			
Name of Training Provider Contact:		Title:	
Training Provider contact Email:		Phone:	
Address:			
City:	State:	ZIP:	

SECTION 3: Training Information

Detailed Training Program Description:

Identify the skills to be gained through this training:

SECTION 4: Training Project Detail

Describe of the proposed training project. Provide number of trainees, job titles, and departments, broken out by type of training, number of hours of training, training provider, cost of instruction/tuition, any resulting certifications, etc.

Example:

- (2) Plastics Operators
Production Department
Injection Molding Skills – 28 contact hours each
Training Provider: Society of Plastics Industry via satellite downlink at company site
\$500 per Trainee
National Certification in Plastics – NCP Certified Operator or N/A if not applicable.*

#	Department	Job Title(s)	Training Title	Total Training Hours	Cost per Trainee	Credential Awarded

Indicate the total number of trainees that meet one or more of the following (count each trainee only 1x) :

- A. Is unlikely to retain employment leading to self-sufficiency
- B. Is a recipient of public assistance
- C. Needs training to retain employment
- D. Is low-income (per WIOA guidelines)
- E. Is basic-skills deficient with reading, writing or computing at or below the 8th grade level on a generally

- accepted standardized test
- F. Has a disability
- G. Is an English language learner
- H. Is an ex-offender
- I. Is a Veteran of the U.S. Military or a U.S. Military Veteran's eligible spouse

Training and cost information. Check all that apply:

New training provider Training provider has been used successfully in the past

Training provider has been selected based on:

- training results in an industry recognized credential
- training length best meets the needs of our business
- training options have been investigated and the provider identified has been found to be the most reasonably priced for the product received
- costs associated with the training are usual and customary for the nature of this business

INTENTIONALLY LEFT BLANK

SECTION 4: Training Program Budget

Please use this as a guide. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs incurred before the funds are approved. Please take this into account when developing your budget and timeline.

-A- BUDGET CATEGORY	-B- IWT ASSISTANCE REQUESTED	-C- * EMPLOYER CONTRIBUTION	-D- TOTAL (B + C)
1. Instructor Wages/Tuition <i>(This information should reconcile with Section 3. Training Project Description)</i> <i>Example:</i> 1) Injection Molding \$500 X (5) = \$2500 2) New Visions \$25/hr X 24 hours = \$600 SUB TOTAL = \$3,100			
2. Curriculum Development			
3. Materials/Supplies Textbooks (itemize) <i>Example: Ten (10) New Vision Manuals @ \$30 each = \$300</i>			
4. Training Equipment Purchase (must be employer contribution)	<i>Cannot utilize IWT funds</i>		
5. Other Costs (describe) a) b)			
6. Facility Usage (if training takes place at company site)	<i>Cannot utilize IWT funds</i>		
7. Travel, Food, Lodging	<i>Cannot utilize IWT funds</i>		
8. Trainee Wages (including benefits)	<i>Cannot utilize IWT funds</i>		
9. Sub Total			
10. Indirect Costs	<i>Cannot utilize IWT funds</i>		
11. TOTALS			

CSH Cost Per Trainee (Line 11 Column B divided by Number of Trainees) =	Employer Contribution Ratio (Line 11 Column C divided by Line 11 Column B) =
50% of Total Training Costs (Line 11 Column D times .50) =	

***NOTE:** Businesses will be required to provide a minimum of 50% of the requested training costs (the established non-federal reimbursement share of cost), e.g. instructors' wages, curriculum development and materials & supplies. Other examples of employer contribution may include, but are not limited to: expenses associated with additional instruction/tuition; curriculum development and manuals/textbooks; the use of space and equipment during the training project (please show calculation used to assign a value); and trainee wages (including benefits) of employees during training.

SECTION 5: Anticipated Outcomes of the Training Project

Please check the boxes that apply to the anticipated outcomes of the proposed training project. **Check all that apply.**

<input type="checkbox"/> Will save jobs within our company – Indicate how many	<input type="checkbox"/> Will create openings in entry-level positions – Indicate how many
<input type="checkbox"/> Will improve the short-term wage levels of trainees	<input type="checkbox"/> Will improve the long-term wage levels of trainees
<input type="checkbox"/> Will create new jobs within our company – Indicate how many	<input type="checkbox"/> Will help prevent company from having to relocate operations
<input type="checkbox"/> Will lower employee turnover in our company	<input type="checkbox"/> Critical to the long-term viability of our company
<input type="checkbox"/> Critical to the short-term viability of our company	<input type="checkbox"/> Will make this location more competitive within company
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will assist in the training of the disabled	<input type="checkbox"/> Will assist welfare to work participants
<input type="checkbox"/> Will increase the profitability of our company	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will result in employee advancement opportunities	<input type="checkbox"/> Will result in increased benefit levels of employees
<input type="checkbox"/> Contributes to our company’s overall workforce employee development efforts	<input type="checkbox"/> Will result in improved labor market competitiveness of our business and our employees
<input type="checkbox"/> Will assist in the improvement of international trade opportunities	<input type="checkbox"/> This Training is part of our company’s career pathway strategy
List any additional anticipated outcomes:	

SECTION 6: Certification by Authorized Company Representative

Employer Agrees and Certifies:

- a. That the training position(s) created under this Agreement are neither displacing, causing a reduction in hours, nor infringing on promotional opportunities of current employees; and/or have not been created as a result of any employee being terminated or laid off from the same or substantially equivalent job, or otherwise displaced;
- b. this company has operated in Local Workforce Development Area (LWDA) 19 for at least one (1) year prior to application;
- c. this company is fully licensed to operate a business within this LWDA
- d. to assure equal opportunity in all services provided without regard to race, color, religion, sex, national origin, marital status, age, political affiliation or belief, and disability; including compliance with non-discrimination and equal opportunity provisions of WIOA;
- e. to assure that training funds will not be used to assist, promote or deter union organizing;
- f. the trainee(s) cannot be trained or employed to carry out the construction, operation or maintenance of any part of a facility that is used or to be used for sectarian instruction or as a place for religious worship; and
- g. training either has the concurrence of the appropriate labor organization as to the design and conduct of the training, or there is no collective bargaining agreement with a labor organization that covers the training position;
- h. the company is committed to retain or fully employ participants following their successful completion of this training;
- i. the business is willing to provide/assist with facilitation of trainee information;
- j. all employees to receive training through these funds have an established employment history of six (months) with this employer or the majority of employees being trained meet the six-month requirement (documentation must be provided);
- k. the business is willing to list the wage and benefit levels of those employees to be trained, present, prior to training, and upon completion of training; and
- l. the business is willing to provide follow-up information relating to credentials, if applicable, individual wages, and continued employment.

Once approved, the information presented in this Application becomes final when combined with the formal Agreement signed by both CareerSource Heartland President/CEO and the Employer.

NOTE: The individual signing this application must have authority to enter into contracts on behalf of the applying company.

As an authorized representative of the company identified herein, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature:	Title:
Print Name:	Date:

PLEASE ALLOW AT LEAST 15 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED.

Return original application to: CareerSource Heartland
 Business Representative
 5901 US 27 S, Suite 1
 Sebring, Florida 33870-2117

For CareerSource Heartland Use Only

CSH Business Services Checklist	Yes	No
Training meets the needs of the employer through provision of a skilled workforce or lay-off aversion	<input type="checkbox"/>	<input type="checkbox"/>
Business meets requirements of local procedure	<input type="checkbox"/>	<input type="checkbox"/>
Liens or judgments?	<input type="checkbox"/>	<input type="checkbox"/>
Costs associated with training are reasonable	<input type="checkbox"/>	<input type="checkbox"/>
Costs associated with training are necessary	<input type="checkbox"/>	<input type="checkbox"/>
Costs associated with training are usual and customary	<input type="checkbox"/>	<input type="checkbox"/>
Industry/occupation/training is part of a larger sector and/or career pathway strategy	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

Application: Recommended Not Recommended Date _____

CareerSource Heartland Business Representative Name/Signature