

Incumbent Worker Training Contract

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| SECTION 1. Business Information | |
| Business Name: | |
| Authorized Representative: | |
| Phone: | Email: |
| Has your business received Incumbent Worker Training (“IWT”) funding before? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, pleased indicate the date(s) of the previous contract: | |
| | |
| Is your business receiving/applying for other public training/consulting funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please identify the funding source and type of training/consulting services: | |
| | |
| How did you learn about IWT services? | |
| | |
| SECTION 2. Eligibility Criteria | |
| IWT is necessary due to (Please check all boxes that apply. Attach additional sheets if necessary): | |
| <input type="checkbox"/> Business expansion | <input type="checkbox"/> Changing industry requirements |
| <input type="checkbox"/> Retooling of our business process | <input type="checkbox"/> The introduction of new services/product lines |
| <input type="checkbox"/> New organizational structuring | <input type="checkbox"/> Avert a layoff |
| <input type="checkbox"/> New technology | <input type="checkbox"/> Competitive business expansion |
| Please provide an explanation of the selections above: | |
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| SECTION 3. Training Information | | |
| Type(s) of training proposed (ex. Maintenance, Quality, Computer, etc.): | | |
| | | |
| The proposed training would: | | |
| <input type="checkbox"/> Significantly increase employee skills | <input type="checkbox"/> Save jobs within our business (How many?) | |
| <input type="checkbox"/> Result in employee wage increases | <input type="checkbox"/> Help prevent business relocation | |
| Please provide an explanation of the selections above: | | |
| | | |
| Training Provider Information (If known, please answer the following): | | |
| Name of Training Provider: | | |
| Training/Course Providing: | | |
| Training Provider Representative: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

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SECTION 4. Training Project Information

Up to 3 trainings may be requested on each application, if you would like to request more, please attach additional pages as needed.

TRAINING 1 of :

Training Provider:

Name of Training:

Certification Earned:

Number of Trainees:

BUDGET:

Training Instructor/Tuition:

\$

Materials/Supplies/Textbooks, etc. (Please list):

\$

Training Equipment Purchases (Please list):

\$

Other (Please specify):

\$

TOTAL COST OF TRAINING:

\$

Anticipated Start Date of Training:

Anticipated End Date of Training:

Total Training Hours:

Please list the trainees' information below.

| Trainee Name | Job Title | Pre-Training Wage | Post-Training Wage | Length of Employment |
|--------------|-----------|-------------------|--------------------|----------------------|
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| TRAINING 2 of : | | | | |
|---|-----------|-------------------|-----------------------------------|----------------------|
| Training Provider: | | | | |
| Name of Training: | | | | |
| Certification Earned: | | | Number of Trainees: | |
| BUDGET: | | | | |
| Training Instructor/Tuition: | | | \$ | |
| Materials/Supplies/Textbooks, etc. (Please list): | | | \$ | |
| | | | | |
| Training Equipment Purchases (Please list): | | | \$ | |
| | | | | |
| Other (Please specify): | | | \$ | |
| | | | | |
| TOTAL COST OF TRAINING: | | | \$ | |
| Anticipated Start Date of Training: | | | Anticipated End Date of Training: | |
| Total Training Hours: | | | | |
| Please list the trainees' information below. | | | | |
| Trainee Name | Job Title | Pre-Training Wage | Post-Training Wage | Length of Employment |
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| TRAINING 3 of _____ : | |
| Training Provider: | |
| Name of Training: | |
| Certification Earned: | Number of Trainees: |
| BUDGET: | |
| Training Instructor/Tuition: | \$ _____ |
| Materials/Supplies/Textbooks, etc. (Please list): | \$ _____ |
| | |
| Training Equipment Purchases (Please list): | \$ _____ |
| | |
| Other (Please specify): | \$ _____ |
| | |
| TOTAL COST OF TRAINING: | \$ _____ |
| Anticipated Start Date of Training: | Anticipated End Date of Training: |
| Total Training Hours: | |

Please list the trainees' information below.

| Trainee Name | Job Title | Pre-Training Wage | Post-Training Wage | Length of Employment |
|--------------|-----------|-------------------|--------------------|----------------------|
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SECTION 5. *Training Program Budget*

Employers participating in IWT are required to pay the non-WIOA (non-federal) share of the cost of providing training to their incumbent workers. Employers will be reimbursed the WIOA (federal) share. The employer share is based on the size of the workforce (wages paid to the trainee while in training can be included a part of that share) as follows:

- At least 10% of the cost for employers with 50 or fewer employees
- At least 25% of the cost for employers with 51 to 100 employees
- At least 50% of the cost for employers with more than 100 employees

Number of Employees:

Employer Share Percentage:

| CATEGORY | IWT FUNDS REQUESTED | BUSINESS MATCHING CONTRIBUTION | TOTAL |
|--|---------------------|--------------------------------|-------|
| INSTRUCTOR/TUITION | \$ | \$ | \$ |
| MATERIALS/SUPPLIES/TEXTBOOKS, ETC. | \$ | \$ | \$ |
| EQUIPMENT | \$ | \$ | \$ |
| WAGES PAID WHILE ATTENDING TRAINING | XXXXXXX | \$ | \$ |
| OTHER EMPLOYER CONTRIBUTIONS TO TRAINING COSTS | XXXXXXX | \$ | \$ |
| TRAINING-RELATED TRAVEL, LODGING, AND FOOD | XXXXXXX | \$ | \$ |
| TOTAL TRAINING COSTS: | \$ | \$ | \$ |

| WDB-KC AGREEMENT FUNDS: | BUSINESS MATCHING AGREEMENT FUNDS: |
|-------------------------|------------------------------------|
| \$ | \$ |

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SECTION 6. *Payment/Reimbursement*

- The Employer shall be paid upon submission of a properly certified invoice. Payment shall be based on the employer share of the cost percentage and allowable WIOA costs. In no event shall the total payment exceed the contract amount, nor shall total payments within a job title exceed the maximum amount for that job title or set amounts specified elsewhere in this contract.
- Any modifications or cancellation of this Contract may be made by the Employer or WDB-KC at any time, by written request. If modification increases the total cost, justification must be given within 30 days in written form and in advance of the change, and must be approved by WDB-KC.
- If an employee is terminated or leaves employment prior to the completion of training the remainder of the contract dollars for that individual will be considered cancelled and void.

SECTION 7. *Roles and Responsibilities*

Employer Roles:

- Maintain records as follows:
 - Time and Attendance
 - Payroll Register
 - Income Receipts Records from Reimbursement(s)
 - Copies of IWT contracts, invoices, and any other correspondence/materials/records relevant to this IWT contract.
 - Records must be maintained for three (3) years from the date of final payment or conclusion of the contract.
- Agrees to:
 - Immediately notify the WDB-KC of any concerns or issues.
 - Allow authorized representatives of the Federal Government, Workforce WV, and/or the WDB-KC access, at reasonable times and with proper notification, to the facilities and records pursuant to individual participant(s) in this contract.
 - Complete all forms necessary for the execution of this contract and agrees to respond in a timely manner to requests for progress/follow-up reports on employees funded through this contract.
 - This contract shall also be governed by and construed according to the laws of the State of WV. In the event any part or parts of this contract are determined for any reason to be a nullity, such determination shall not affect any other part of this Contract (Uniform Commercial Code).

WDB-KC Roles:

- Monitor progress of training.
- Assist Employer as needed with changes/modifications.
- Immediately address any concerns/issues.
- Maintain records relevant to this contract for a minimum of five (5) years.
- Process invoices for reimbursement/payment.

By signing below, I certify that I have read, understand, and accept the policies above. I also understand that this application is not a guarantee of funding until I receive approval from the WDB-KC.

| | |
|---|--------------|
| EMPLOYER REPRESENTATIVE SIGNATURE: | DATE: |
| | |

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| WDB-KC PROGRAM MANAGER SIGNATURE: | DATE: |
| | |

| | |
|-----------------------------------|--------------|
| FINANCE MANAGER SIGNATURE: | DATE: |
| | |