

WIOA State-funded Incumbent Worker Training Program

Application

The Incumbent Worker Training (IWT) Program provides funding to help cover the costs of training needed to retain a competitive workforce. Such training is meant to assist with expansion, new technology, retooling, new services/product lines, and/or new organizational structuring, or to be used as part of a layoff aversion strategy. IWT is not intended to fund the periodic safety and refresher courses necessary for a business to continue to operate (i.e. First Aid, CPR, and Occupational Safety and Health Administration certifications), but to assist with the extraordinary needs of the business. IWT is funded by the Federal Workforce Innovation and Opportunity Act (WIOA).

ELIGIBILITY

Applications are open to all South Carolina employers. A group of employers may form a training consortium for the purposes of receiving IWT. The training consortium or a third party may apply for IWT on behalf of the group of employers, but cannot serve as the training provider. Please note that IWT funding may not be used for members of a training consortium who would otherwise be ineligible for IWT, including training entities and city, county and state governments. Employers applying for IWT funding must have at least one (1) full-time employee and be current on all state tax obligations.

Training entities and city, county and state governments are not eligible for IWT funding. Businesses receiving services through ReadySC™ may be eligible for IWT funding so long as the training funded is not a duplication of services. IWT funds are not available to a business that has relocated, if that relocation resulted in the loss of jobs at the original location, until the company has operated at that new location for 120 days.

INCUMBENT WORKER DEFINED

To qualify as an incumbent worker, the incumbent worker needs to be:

- Employed;
- Meet the Fair Labor Standards Act requirements for an employer-employee relationship; and
- Have an established employment history with the employer for six months or more, unless the training is being provided to a group/cohort of employees and the majority of employees have been employed with the business for six months or more.

Temporary employees that do not have an employer-employee relationship with the business are not considered incumbent workers (for example, where an employee is employed through a staffing firm) . However, periods of temporary employment may count towards an employee's time with the company for the purposes of meeting the six month minimum requirement above.

An incumbent worker does not have to meet WIOA eligibility requirements unless they are enrolled as a participant in the WIOA Adult or Dislocated Worker program.

BUSINESS/TRAINING CONSORTIUM MATCH

Businesses/training consortia share in the cost of training their incumbent workers with minimum contributions of:

- 10 percent of the costs for a business location with no more than 50 employees
- 25 percent of the costs for a business location with more than 50 employees, but no more than 100 employees
- 50 percent of the costs for a business location with more than 100 employees

Training consortia share in the cost of training incumbent workers based on the total number of employees from all businesses in the consortium. The training consortium would then determine how the cost would be split between the businesses in the consortium. This may be done in multiple ways, but it is recommended that the division of costs be determined based on how many employers are in each business.

A business's/training consortium's share of the cost may be paid in cash or in kind, fairly evaluated. Wages paid to incumbent workers while attending training may be considered that business's share of the cost.

REPORTING

To eliminate the need for the business/training consortium to provide the employee's full SSN to the LWDA, employees should register in SCWOS using their full SSN once identified as an IWT participant but no later than the first day of training. Subsequent documentation provided by the business to the LWDA should only need to include the last four digits of the employee's SSN to identify the employee in SCWOS.

Prior to the start of training, the business/training consortium must provide the LWDA with a list of employees who will participate. A template for the employee list has been provided that includes sufficient documentation to identify the correct employee in SCWOS for completion of the WIOA application and entering relevant activities.

Throughout the training, the business/training consortium must provide and maintain sufficient documentation of the outcomes of the training, including:

- Dates of training
- Title and a description of training
- Type and a description of the credential(s) earned
- Number of employees who completed the training program
- Number of employees who earned a credential
- Number of employees who earned a promotion
- Number of employees who earned a wage increase
- Number of existing jobs saved
- Number of new jobs created
- Layoff or closure
- Other outcomes

The business/training consortium is required to submit to the LWDA Program Reports as required by the LWDA, including the Trainee Progress Report, and a Final Program Report within 30 days of the training Actual End Date. The information listed above will be required for submission of these reports and SCWOS data entry, and may be needed for any additional reporting required by the LWDA.

REIMBURSABLE TRAINING EXPENSES:

- Tuition
- Instructor/Trainer salaries
- Textbooks/Manuals
- Consumable materials and supplies

NON-REIMBURSABLE COSTS:

- Administrative costs incurred by the business/training consortium
- Trainee wages or travel
- Trainer travel
- Training equipment
- Capital improvements
- Curriculum development
- Purchase of any item or service that may be used outside of the training project (including computer equipment and non-training related software)
- Costs incurred prior to the approval date of the application

APPLICATION

IWT funds (excluding Rapid Response funded IWT) are awarded on a competitive basis.

Complete the attached IWT Program Application to apply for funding. Any question(s) that cannot be answered in the space provided should be answered on a separate sheet of paper and attached to the back of the application form. Submit the signed, completed application to:

IT IS RECOMMENDED THAT YOU SUBMIT YOUR APPLICATION AT LEAST 30 DAYS PRIOR TO THE PROJECTED START DATE OF TRAINING.

If you have any questions or need assistance in completing the application, please contact:

Incumbent Worker Training Application

SECTION 1. Business Information										
Business Name:										
Authorized Business Representative:					Title:					
Phone:			Ext.:			Fax:				
Email:					Website Address:					
Street/Mailing:										
City:			9 Digit Zip Code:			County:				
For which business location are you seeking funding?										
Date of Inception:					Years in Business:					
Total Number of Full-time Employees:					Total Number of Part-time Employees:					
Total Number of Full-time Employees at this Business Location:					Total Number of Part-time Employees at this Business Location:					
Legal Structure of Business:		☐ Sole Proprietor			☐ Partnership			☐ Corporation (Designation:)		
Employer's Federal ID #:					Unemployment Comp ID #:					
South Carolina Sales Tax Reg. #:					NAICS Code:					
Is your business current on all State of South Carolina tax obligations?						☐ YES		☐ NO		
Has your business received IWT funding before?						☐ YES		☐ NO		
If yes, please indicate the training period:										
Is your business receiving/applying for other public training/consulting funds?						☐ YES		☐ NO		
If yes, please identify the funding source and type of training/consulting services:										
Has there been a layoff at this site within the last 12 months?						☐ YES		☐ NO		
If yes:	☐ Temporary Layoff Number affected:			☐ Permanent Layoff Number affected:						
Has the business or part of the business relocated operations within the last 120 days?						☐ YES		☐ NO		
If yes:	Relocated from:			Relocated to:			Date of Relocation:			
Does your business use SC Works services?						☐ YES		☐ NO		
If yes, please check all applicable services:		☐ List Job Openings ☐ Job Fairs ☐ Testing & Assessment			☐ Mass Hires ☐ Candidate Search ☐ Other:			☐ On-the-Job Training (OJT) Please note: employees cannot participate in both WIOA funded OJT and IWT simultaneously.		

Please describe your business, product(s) and/or service(s):

Our business is minority owned. (Please check one of the boxes below)

- | | |
|--|--|
| ☐ Women owned | ☐ Asian/American owned |
| ☐ African/American owned | ☐ Native/American owned |
| ☐ Hispanic/American owned | ☐ Other minority owned (specify): |

Amount of Funding Requested:

Number of Trainees:

Start Date:

End Date:

Type(s) of training proposed (ex: Maintenance, Quality, Computer, etc.):

How did you learn about Incumbent Worker Training?

SECTION 2. Eligibility Criteria

Please check all boxes that apply. Attach additional sheets if necessary.

Incumbent worker training is necessary due to:

☐ Business expansion	☐ Changing industry requirements
☐ Retooling of our business process	☐ The introduction of new services/product lines
☐ New organizational structuring	☐ Avert a layoff
☐ New technology	☐ Competitive business expansion

Please provide an explanation of the selections above:

The proposed training would:

☐ Significantly increase employee skills	☐ Save jobs within our business (How many?)
☐ Result in employee wage increases	☐ Help prevent business relocation

Please provide an explanation supporting how the proposed training would accomplish the selections above:

SECTION 3. Training Provider Information:

If known, please answer the following.

Name of Training Provider:	Provider's Federal ID #:
-----------------------------------	---------------------------------

Name of Training Provider Representative:

Address:

City:	State:	ZIP:
--------------	---------------	-------------

Phone:	Fax:
---------------	-------------

SECTION 4. Training Project Information

Up to 6 training programs may be requested on each application. If you would like to request more, please complete additional applications as necessary. Please list in order of priority for your business.

TRAINING #1**Name of Training:****Training Description:****Training Institution/School:****Address:****City:****State:****Zip:****Phone:****Name of Trainer (if in-house):****Anticipated training dates:****Projected Number of Hours
of Training:****Number of Trainees:****Job Title(s) and Length(s) of Employment:****Certification Earned:****BUDGET** **Instructor Wages/Tuition:*****Materials/Supplies/Textbooks:*****Other Costs:****TOTAL COST:**

***Please itemize costs related to materials, supplies, textbooks, and other costs here:**

TRAINING #2**Name of Training:****Training Description:****Training Institution/School:****Address:****City:****State:****Zip:****Phone:****Name of Trainer (if in-house):****Anticipated training dates:****Projected Number of Hours
of Training:****Number of Trainees:****Job Title(s) and Length(s) of Employment:****Certification Earned:****BUDGET** **Instructor Wages/Tuition:*****Materials/Supplies/Textbooks:*****Other Costs:****TOTAL COST:**

***Please itemize costs related to materials, supplies, textbooks, and other costs here:**

TRAINING #3		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #4		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #5		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #6		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

SECTION 5. Training Program Budget

Please note: businesses/consortia must contribute to the cost of the training project, with minimum contributions of:

- (1) 10 percent of the cost for business locations or consortia with no more than 50 employees**
- (2) 25 percent of the cost for business locations or consortia with more than 50 employees, but no more than 100 employees**
- (3) 50 percent of the costs for a business location or consortia with more than 100 employees**

BUDGET CATEGORY	TRAINING ASSISTANCE REQUESTED	BUSINESS MATCHING CONTRIBUTION	TOTAL
INSTRUCTOR WAGES/TUITION			
MATERIALS/SUPPLIES/ TEXTBOOKS			
WAGES PAID WHILE ATTENDING TRAINING*	XXXXXXXXXXXXXXXXXXXX		
OTHER EMPLOYER CONTRIBUTIONS TO THE COST OF TRAINING	XXXXXXXXXXXXXXXXXXXX		
OTHER COSTS (describe)			
TRAVEL	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
TOTAL			XXXXXXXXXXXXXXXXXXXX

***Note:** Wages paid to employees while attending training may be used for the business's /training consortium's contribution to the cost of training

SECTION 7. Certification by Authorized Business Representative

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of 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 funds approved through this program.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved training. Training may not start prior to the effective date of the agreement.

Signature:**Title:****Print Name:****Date:**