

**Upper Savannah Council of Governments  
Incumbent Worker Training Program Funding Application**

<b>ADMIN. USE ONLY</b>
Date Received _____
Date Approved or Disapproved _____

**SECTION 1. Business Information**

<b>Business Name:</b>			
<b>Authorized Business Representative:</b>		<b>Title:</b>	
<b>Phone:</b>	<b>Ext.:</b>	<b>Fax:</b>	
<b>Email:</b>		<b>Website Address:</b>	
<b>Street/Mailing:</b>			
<b>City:</b>	<b>ZIP:</b>	<b>County:</b>	
<b>Describe your business, its product(s) and/or service(s):</b>			
<b>Date Business Established:</b>		<b>Total Number of Employees:</b>	
<b>Is your business current on all State of South Carolina tax obligations?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Business' Federal ID #:</b> _____		<b>Unemployment Comp ID #:</b> _____	
<b>South Carolina Sales Tax Reg. #:</b> _____		<b>NAICS Code:</b> _____	
<b>Has there been a layoff at this business location within the last 12 months?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>If yes, was this a:</b> <input type="checkbox"/> a Temporary Layoff <b>OR</b> <input type="checkbox"/> a Permanent Layoff			
(Number affected: _____)		(Number affected: _____)	
<b>Is your business receiving/applying for other public training funds?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>If yes, what funds?</b> _____			
<b>Has this business location had an IWT agreement before?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, when:</b> _____			
<b>Has the business or part of the business relocated operations within the last 120 days?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>If yes: Relocated from:</b> _____		<b>Relocated to:</b> _____	
<b>Date of Relocation:</b> _____			
<b>Does your business use One-Stop Center Services?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>If Yes, please check all One-Stop Center services you use:</b>			
<input type="checkbox"/> List Job Openings	<input type="checkbox"/> Job Fairs	<input type="checkbox"/> Mass Hires	<input type="checkbox"/> Other _____
<input type="checkbox"/> Testing & Assessment	<input type="checkbox"/> On-the-Job Training (OJT) (Employees cannot participate in both WIA funded OJT and IWT simultaneously)		
<b>If no, why?</b> _____			
<b>If your business is minority owned, please check one of the boxes below:</b>			
<input type="checkbox"/> Women-owned	<input type="checkbox"/> Hispanic/American owned	<input type="checkbox"/> Native/American owned	
<input type="checkbox"/> African/American owned	<input type="checkbox"/> Asian/American owned	<input type="checkbox"/> Other minority owned (specify): _____	
<b>Amount of Request:</b>		<b>Number of employees to receive training:</b>	
<b>Start Date:</b>		<b>End Date:</b>	
<b>Type(s) of training proposed (ex: Computer, Maintenance, Quality, etc.):</b>			

**Eligibility Criteria: Please check all that apply:**

<b>Training is necessary due to:</b>	
<input type="checkbox"/> Business expansion.	<input type="checkbox"/> The introduction of new services/product lines.
<input type="checkbox"/> Retooling of our business' processes.	<input type="checkbox"/> Business/location start-up
<input type="checkbox"/> New Organizational Structuring.	(Business is not eligible for Ready SC program and has been located in South Carolina for at least 120 days.)
<input type="checkbox"/> New technology.	
<b>The proposed training would:</b>	
<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.

**SECTION 2. Training Provider Information:**

<b>Name of Training Provider(s):</b>		
<b>Name of Training Provider Representative:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>Name of Training Provider(s):</b>		
<b>Name of Training Provider Representative:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>Name of Training Provider(s):</b>		
<b>Name of Training Provider Representative:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Fax:</b>	
<b>Name of Training Provider(s):</b>		
<b>Name of Training Provider Representative:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Fax:</b>	

*(Attach additional pages, if necessary, for additional Training Providers.)*

**SECTION 3. Training Project Information:**

**EXAMPLES**

<b>Name of Training / Class</b>	<b>Certified Welder Training / Sheet Metal</b>
<b>Training Provider / Trainer</b>	<b>Community College of East Privateer</b>
<b>Training will take place:</b>	<input type="checkbox"/> on our business' site <input checked="" type="checkbox"/> at an educational institution (Please specify location): <u>CCEast Privateer</u> <input type="checkbox"/> at a remote location (Please specify location): _____
<b># of Hours of Training</b>	<b>40 hours</b>
<b># of Trainees / Job Title</b>	<b>5 / Welders</b>
<b>Department(s)</b>	<b>2<sup>nd</sup> and 3<sup>rd</sup> shift Metal Fabrication</b>
<b>Certification Earned</b>	<b>AWS Certified Welder Training</b>
<b>Name of Training / Class</b>	<b>Waste Water Testing</b>
<b>Training Provider / Trainer</b>	<b>Regina Phalange / Water Treatment Operator</b>
<b>Training will take place:</b>	<input checked="" type="checkbox"/> on our business' site <input type="checkbox"/> at an educational institution (Please specify location): _____ <input type="checkbox"/> at a remote location (Please specify location): _____
<b># of Hours of Training</b>	<b>20 hours</b>
<b># of Trainees / Job Title</b>	<b>15 / Wash Booth Operators</b>
<b>Department(s)</b>	<b>Wash and Paint</b>
<b>Certification Earned</b>	<b>n/a</b>

<b>Name of Training / Class</b>	
<b>Training Provider / Trainer</b>	
<b>Training will take place:</b>	<input type="checkbox"/> on our business' site <input type="checkbox"/> at an educational institution (Please specify location): _____ <input type="checkbox"/> at a remote location (Please specify location): _____
<b># of Hours of Training</b>	
<b># of Trainees / Job Title</b>	
<b>Department(s)</b>	
<b>Certification Earned</b>	

<b>Name of Training / Class</b>	
<b>Training Provider / Trainer</b>	
<b>Training will take place:</b>	<input type="checkbox"/> on our business' site <input type="checkbox"/> at an educational institution (Please specify location): _____ <input type="checkbox"/> at a remote location (Please specify location): _____
<b># of Hours of Training</b>	
<b># of Trainees / Job Title</b>	
<b>Department(s)</b>	
<b>Certification Earned</b>	

**(Attach additional pages, if necessary, for additional Training Projects.)**

## SECTION 4. Training Program Budget

Please use this as a guide. You may include other items for consideration as required. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

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

BUDGET CATEGORY	TRAINING ASSISTANCE REQUESTED	* BUSINESS' MATCHING CONTRIBUTION	TOTAL
<b>Instructor Wages/Tuition</b> (Break out costs for individual programs including total hours and instructor wages)	\$ _____	\$ _____	\$ _____
<b>Curriculum Development</b>	\$ _____	\$ _____	\$ _____
<b>Materials/Supplies Textbooks</b> (itemize)	\$ _____	\$ _____	\$ _____
<b>Training Equipment Purchase</b> (itemize)	XXXXXXXXXX	\$ _____	\$ _____
<b>Other Costs</b> (describe)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<b>Travel</b>	XXXXXXXXXX	\$ _____	\$ _____
<b>Trainee Wages</b>	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
<b>Total</b>	\$ _____	\$ _____	\$ _____

\* Businesses must provide a matching contribution to the training project that shall not be less than:

- (1) 10% of the costs for those with 50 or fewer employees
- (2) 15% of the costs for those with more than 50 employees, but fewer than 100 employees
- (3) 25% of the costs for those with 100 or more employees.



## **SECTION 5. *Narrative***

**Please explain why the training is necessary for your business. For example, is it due to an expansion, new organizational structuring, new technology, new services or new product lines?**

**Please explain how IWT would significantly upgrade your employees' skills, help your business in its layoff avoidance strategy and provide retention opportunities and/or represent an employee wage increase.**

**How did you hear about the WIA Incumbent Worker Training Program?**

***(Attach additional pages, if necessary.)***

**SECTION 6. 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.*

<b>Signature:</b>	<b>Title:</b>
<b>Print Name:</b>	<b>Date:</b>

**Mail original and 3 copies to:**

Workforce Development Division  
Upper Savannah Council of Governments  
222 Phoenix St. Suite 200  
P.O. Box 1366  
Greenwood SC 29648

**OR fax and follow up via mail with original and 2 copies:**

Fax: 864-941-8090  
Phone: 864-941-8050/1-800-922-7729 TTY 711  
Email: adowell@uppersavannah.com