WIOA Incumbent Worker Training Program

Employer Application

SECTION 1. Business Information										
Business	Name: Click or tap here to	o enter t	text.							
Authorize	Authorized Business Representative: Click or tap here to enter text.					Title	: Cli	ick or tap here	to en	ter text.
Phone:	Click or tap here to enter	text. E	xt. Click or tap	here t	to enter text.	Fax:	Clic	k or tap here t	to ent	er text.
Email: C	Click or tap here to enter to	ext.		Со	mpany Websit	te Ado	dress	: Click or tap h	ere to	enter text.
Street/M	Street/Mailing Address: Click or tap here to enter text.									
City: Clic	ck or tap here to enter tex	t. Z	IP: Click or tap h	nere t	o enter text.	Cou	nty:	Click or tap he	re to	enter text.
	If there are multiple business locations, please indicate the location for which training is requested: Click or tap here to									
enter tex	t.									
Date of I	nception: Click or tap he	re to ent	ter tevt	Vea	rs in Business:	Click	orta	an here to ent	er tev	<u> </u>
	mber of Full-time Employ				al Number of P					
to enter t		ccs. em	ek or tap here		er text.	are c		inployees. en	CIC OI	.ap nere to
	mber of Full-time Employ		his Business		al Number of P			• •	his Bu	siness
Location:	: Click or tap here to enter	text.		Loca	ation: Click or t	ap he				
Legal Stri	ucture of Business:		e Proprietor	l 🗆 ı	Partnership			Corporation Designation: (lick o	r tan
			e i i opilieto.		ar circi simp		here to enter text.)			
Employe	r's Federal ID #: Click or	tap here	to enter text.	Une	mployment Co	omp I	D #:	Click or tap he	ere to	enter text.
	rolina Sales Tax Reg. #: (Click or t	ap here to	NAI	CS Code: Click	or ta	p her	e to enter text	t.	
enter tex		·f C	ath Canalina tan						T	NO
is your bu	usiness current on all Stat	ie oi soi	uth Carolina tax	obliga	ations:		Ш	YES		NO
Has your	business received IWT, R	RIWT o	r other state or	feder	al funding					
before?	business received room, it		other state of	· cuci	ar ramam _b			YES		NO
If ves. ple	ease indicate the type of	funding	(e.g. Incumbent	Work	er Training), a	mour	nt. an	d vear:		
	ap here to enter text.		(10)		<i>O</i> , <i>i</i>		-, -	,		
Is your bu	usiness currently receivin	g/apply	ing for other pul	blic tr	aining/consult	ting		VEC		NO
funds?								YES		NO
-	ease identify the funding	source a	and type of train	ing/c	onsulting servi	ices:				
CIICK OF La	ap here to enter text.									
									_	
Has there	e been a layoff at this site	within	the last 12 mont	hs?				YES		NO
If yes:	☐ Temporary Layoff	Numb	er affected: Click	or	□ Perma			ff Number a	ffecte	d: Click or
	tap here to enter text.	inasa ra	loosted exerctic		tap here to e	nter t	ext.		I	
last 120 d	usiness or part of the bus lays?	illess re	iocated operation)115 W	itiiii tiie			YES		NO
If yes:	Relocated from: Click or	tap her	e Relocated	to: C	lick or tap here	e to	Date	e of Relocation	n: Clic	k or tap
ii yes.	to enter text.		enter text				here	e to enter text.		
Does you	Does your business use SC Works services?						YES		NO	

IWT Application Page **1** of **7** Revised 3/2021

SECTION 1. Business Infor	mation						
If yes, please check all applicable services:	☐ List Job Openings☐ Job Fairs☐ Testing & Assessment		Mass Hires Candidate Search Other:	☐ On-the-Job Please note: emp participate in botl OJT and IWT simu	h WIOA funded		
Please describe the business's product(s) and/or service(s): Click or tap here to enter text.							
Is the business minority o	wned? If yes, please check on	ne of	the boxes below:				
☐ Women owned			☐ Asian/American ov	wned			
☐ African/American own	ed		☐ Native/American o	owned			
☐ Hispanic/American ow	ned		☐ Other minority ow	ned (specify):			
				(0) (0) (0) (0) (0) (0) (0) (0) (0) (0)			
text.	ested: Click or tap here to ente	er	Number of Individual text.				
Anticipated Start Date: Cli	ick or tap here to enter text.		Anticipated End Date	: Click or tap here to	o enter text.		
	all questions. Attach addition	nal s	heets if necessary.	- Nec			
	s point to probable layoffs?			☐ YES	□ NO		
If yes, please describe the business's circumstances. Click or tap here to enter text.							
The requested training wi	II:						
☐ Increase employee skil	ls	☐ (Ho	Save jobs within our business How many? Click or tap here to enter text.)				
☐ Address changing skill	requirements		Result in a credential(s)				
☐ Result in wage/pay increases ☐ Help prevent business relocation or closure							
explain how the training werall business circumsta Click or tap here to enter t		resul	lting in a more competi	tive workforce and	or improve		

IWT Application Page **2** of **7** Revised 3/2021

SECTION 2 Fligibility Criteria			
SECTION 2. <i>Eligibility Criteria</i> Please thoroughly answer all questions. Attach additional sheets	if necessary		
List the credentials expected to result from the IWT program.			
Click or tap here to enter text.			
Is the business committed to retaining employees?		☐ YES	□ NO
SECTION 3. Training Project Information			
Up to six (6) training programs may be requested on each application	on. Training des	criptions for each p	rogram requested
must be attached to the application.			
TRAINING #1			
Name of Training: Click or tap here to enter text.			
Training Description: Click or tap here to enter text.			
Name of Training Provider: Click or tap here to enter text. Prov	ider Federal ID	#: Click or tap here t	o enter text.
Name of Training Provider Representative: Click or tap here to en	ter text.		
Address: Click or tap here to enter text.			
City: Click or tap here to enter text. State: Click or tap here to	enter text.	Zip: Click or tap her	e to enter text.
Phone: Click or tap here to enter text. Fax:	Click or tap here	e to enter text.	
Anticipated training dates: Click or tap here to enter text.			
Projected Number of Hours Click or tap here to enter text.	Number of Trai	inees: Click or to	ap here to enter text
of Training: Job Title(s) and Length(s) of Employment:			
Click or tap here to enter text.			
Certification Earned: Click or tap here to enter text.			
Instructor Wages/Tuition: Click or tan here to enter	*Materials/Sur	oplies/Textbooks: C	lick or tap here to
text.	enter text.		
*Other Costs: Click or tap here to enter text.		lick or tap here to e	
*Please itemize costs related to materials, supplies, textbooks, ar	d other costs he	ere: Click or tap here	e to enter text.
TRAINING #2			
Name of Training: Click or tap here to enter text.			
Training Description: Click or tap here to enter text.			
	ider Federal ID	#: Click or tap here t	o enter text.
Name of Training Provider Representative: Click or tap here to en		, 2.3	
Address: Click or tap here to enter text.			
City: Click or tap here to enter text. State: Click or tap here to	enter text.	Zip: Click or tap her	e to enter text.
	Click or tap here		
Anticipated training dates: Click or tap here to enter text.		· · · · · · · · · · · · · · · · · ·	

IWT Application Page **3** of **7** Revised 3/2021

Projected of Training	Number of Hours g: Click or tap here to enter text.	Number of Trainees: Click or tap here to en	iter text.				
Job Title(s) and Length(s) of Employment:							
Click or ta	p here to enter text.						
Certificati	on Earned: Click or tap here to enter text.						
BUDGET	Instructor Wages/Tuition: Click or tap here to enter *Materials/Supplies/Textbooks: Click or tap here to						
BUDGET	text.	enter text.					
*Other Costs: Click or tap here to enter text. TOTAL COST: Click or tap here to enter text.							
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.							

TRAINING	#3				
Name of T	Fraining: Click or tap here to	enter text.			
Training D	Description: Click or tap here	to enter text.			
Name of T	Fraining Provider: Click or tap	here to enter text.	Provider Federal I	D #: Click or tap here to enter text.	
Name of T	raining Provider Representa	ative: Click or tap here	to enter text.		
Address: 0	Click or tap here to enter text				
City: Click or tap here to enter text. State: Click or tap h		State: Click or tap h	ere to enter text.	Zip: Click or tap here to enter text.	
Phone: Cli	ck or tap here to enter text.		Fax: Click or tap here to enter text.		
Anticipate	ed training dates: Click or tap	here to enter text.			
Projected Number of Hours of Training: Click or tap here to enter text.		. Number of Trainees: Click or tap here to enter tex			
=	and Length(s) of Employment to enter text.	ent:			
Certification	on Earned: Click or tap here	to enter text.			
BUDGET	Instructor Wages/Tuition: Click or tap here to er text.		*Materials/S	Supplies/Textbooks: Click or tap here to	
	*Other Costs: Click or tap here to enter text.		TOTAL COST	: Click or tap here to enter text.	

TRAINING #4				
Name of Training: Click or tap here to e	nter text.			
Training Description: Click or tap here t	o enter text.			
Name of Training Provider: Click or tap here to enter text. Provider Federal ID #: Click or tap here to enter text.				
Name of Training Provider Representat	t ive: Click or tap here	to enter text.		
Address: Click or tap here to enter text.				
City: Click or tap here to enter text.	State: Click or tap h	ere to enter text.	Zip: Click or tap here to enter text.	
Phone: Click or tap here to enter text.		Fax: Click or tap here to enter text.		
Anticipated training dates: Click or tap	here to enter text.			
Projected Number of Hours of Training: Click or tap here to enter text. Number of Trainees: Click or tap here to enter text.				
Job Title(s) and Length(s) of Employme Click or tap here to enter text.	nt:	·		

IWT Application Page **4** of **7** Revised 3/2021

TRAINING #4					
Certification Earned: Click or tap here to enter text.					
BUDGET	Instructor Wages/Tuition: Click or tap here to enter	*Materials/Supplies/Textbooks: Click or tap here to			
BUDGET	text.	enter text.			
	*Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.			
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.					

TRAINING	#5					
Name of T	raining: Click or tap here to ent	ter text.				
Training Do	escription: Click or tap here to	enter text.				
Name of Training Provider: Click or tap here to enter text. Prov			Provider Federal I	D #: Click or tap here to enter text.		
Name of T	raining Provider Representativ	re: Click or tap here	to enter text.			
Address: C	Click or tap here to enter text.					
City: Click or tap here to enter text. State: Click or tap here		ere to enter text.	Zip: Click or tap here to enter text.			
Phone: Clic	ck or tap here to enter text.		Fax: Click or tap h	ax: Click or tap here to enter text.		
Anticipate	d training dates: Click or tap he	ere to enter text.				
Projected I of Training	Number of Hours Click or tag	o here to enter text.	Number of T	rainees: Click or tap here to enter text		
) and Length(s) of Employment on here to enter text.	:	·			
Certification	on Earned: Click or tap here to	enter text.				
BUDGET	T Instructor Wages/Tuition: Click or tap here to enter text.		ter *Materials/s enter text.			
	*Other Costs: Click or tap here to enter text.			TOTAL COST: Click or tap here to enter text.		

TDAINUNG	uc.					
TRAINING						
Name of Tr	raining: Click or tap here to e	nter text.				
Training De	escription: Click or tap here t	o enter text.				
Name of Training Provider: Click or tap here to enter text. Prov			Prov	ider Federal ID	#: Click or tap here to enter text.	
Name of Ti	raining Provider Representat	ive: Click or tap here	to en	ter text.		
Address: Click or tap here to enter text.						
City: Click or tap here to enter text. State: Click or tap h		State: Click or tap h	ere to	re to enter text. Zip: Click or tap here to enter tex		
Phone: Clic	k or tap here to enter text.		Fax:	Fax: Click or tap here to enter text.		
Anticipated	d training dates: Click or tap	here to enter text.				
Projected Number of Hours of Training: Click or tap here to enter text.				Number of Tr	ainees: Click or tap here to enter text.	
Job Title(s)	and Length(s) of Employme	nt:				
Click or tap	here to enter text.					
Certification	on Earned: Click or tap here to	o enter text.				
BUDGET	Instructor Wages/Tuition:	Click or tap here to e	nter	*Materials/Su	upplies/Textbooks: Click or tap here to	
DODGET	text.			enter text.		

IWT Application Page **5** of **7** Revised 3/2021

TRAINING #6							
	*Other Costs: Click or tap here to enter text.	TOTAL COST: Click or tap here to enter text.					
*Please itemize costs related to materials, supplies, textbooks, and other costs here: Click or tap here to enter text.							

SECTION 4. *Training Budget*

Businesses/consortia must contribute to the cost of the IWT project, with a minimum contribution of:

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

BUDGET	IWT FUNDING PROVIDED BY WIOA	BUSINESS SHARE/ CONTRIBUTION*
TUITION/COURSE REGISTRATION	Click or tap here to enter text.	Click or tap here to enter text.
TEXTBOOKS/MANUALS	Click or tap here to enter text.	Click or tap here to enter text.
TRAINING MATERIAL/ SUPPLIES	Click or tap here to enter text.	Click or tap here to enter text.
TOTAL COST OF TRAINING**	Click or tap here to enter text.	Click or tap here to enter text.

^{*}Wages paid to employees while attending training may be used as the business's /training consortium's contribution to the cost of training.

IWT Application Page 6 of 7 Revised 3/2021

^{**}The total of funding provided by WIOA and the business share should equal the total cost of training as reflected in the business application and training plan.

SECTION 5. 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: Click or tap here to enter text.
Print Name:	Click or tap here to enter text.	Date: Click or tap to enter a date.

IWT Application Page **7** of **7** Revised 3/2021