

# WIOA Incumbent Worker Training Program

## Employer Application

|   |   |  |  |
|---|---|--|--|
| <b>SECTION 1. Business Information</b>  |   |  |  |
| <b>Business Name:</b> Click or tap here to enter text.  |   |  |  |
| <b>Authorized Business Representative:</b> Click or tap here to enter text.   |   | <b>Title:</b> Click or tap here to enter text.   |  |
| <b>Phone:</b> Click or tap here to enter text.  | <b>Ext.:</b> Click or tap here to enter text.   | <b>Fax:</b> Click or tap here to enter text.   |  |
| <b>Email:</b> Click or tap here to enter text.  |   | <b>Company Website Address:</b> Click or tap here to enter text.                                       |  |
| <b>Street/Mailing Address:</b> Click or tap here to enter text.   |   |  |  |
| <b>City:</b> Click or tap here to enter text.   |   | <b>ZIP:</b> Click or tap here to enter text.   | <b>County:</b> Click or tap here to enter text.  |
| <b>If there are multiple business locations, please indicate the location for which training is requested:</b> Click or tap here to enter text. |   |  |  |
|   |   |  |  |
| <b>Date of Inception:</b> Click or tap here to enter text.  |   | <b>Years in Business:</b> Click or tap here to enter text.   |  |
| <b>Total Number of Full-time Employees:</b> Click or tap here to enter text.  |   | <b>Total Number of Part-time Employees:</b> Click or tap here to enter text.                           |  |
| <b>Total Number of Full-time Employees at this Business Location:</b> Click or tap here to enter text.  |   | <b>Total Number of Part-time Employees at this Business Location:</b> Click or tap here to enter text. |  |
| <b>Legal Structure of Business:</b>   | <input type="checkbox"/> Sole Proprietor  | <input type="checkbox"/> Partnership   | <input type="checkbox"/> Corporation<br>(Designation: Click or tap here to enter text. ) |
| <b>Employer's Federal ID #:</b> Click or tap here to enter text.  |   | <b>Unemployment Comp ID #:</b> Click or tap here to enter text.  |  |
| <b>South Carolina Sales Tax Reg. #:</b> Click or tap here to enter text.  |   | <b>NAICS Code:</b> Click or tap here to enter text.  |  |
| <b>Is your business current on all State of South Carolina tax obligations?</b>   |   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  |
|   |   |  |  |
| <b>Has your business received IWT, RRIWT, or other state or federal funding before?</b>   |   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  |
| <b>If yes, please indicate the type of funding (e.g. Incumbent Worker Training), amount, and year:</b><br>Click or tap here to enter text.      |   |  |  |
| <b>Is your business currently receiving/applying for other public training/consulting funds?</b>  |   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  |
| <b>If yes, please identify the funding source and type of training/consulting services:</b><br>Click or tap here to enter text.                 |   |  |  |
|   |   |  |  |
| <b>Has there been a layoff at this site within the last 12 months?</b>  |   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  |
| <b>If yes:</b>  | <input type="checkbox"/> Temporary Layoff Number affected: Click or tap here to enter text. | <input type="checkbox"/> Permanent Layoff Number affected: Click or tap here to enter text.            |  |
| <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:</b>  | <b>Relocated from:</b> Click or tap here to enter text.                                     | <b>Relocated to:</b> Click or tap here to enter text.  | <b>Date of Relocation:</b> Click or tap here to enter text.                              |
| <b>Does your business use SC Works services?</b>  |   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  |

| SECTION 1. <i>Business Information</i>  |  |  |  |
|---|--|--|--|
| If yes, please check all applicable services:   | <input type="checkbox"/> List Job Openings               | <input type="checkbox"/> Mass Hires                                    | <input type="checkbox"/> On-the-Job Training (OJT)<br><b>Please note:</b> employees cannot participate in both WIOA funded OJT and IWT simultaneously. |
|   | <input type="checkbox"/> Job Fairs                       | <input type="checkbox"/> Candidate Search                              |  |
|   | <input type="checkbox"/> Testing & Assessment            | <input type="checkbox"/> Other:  |  |
| <b>Please describe the business's product(s) and/or service(s):</b><br>Click or tap here to enter text. |  |  |  |
| <b>Is the business minority owned? If yes, please check one of the boxes below:</b>                     |  |  |  |
| <input type="checkbox"/> Women owned  | <input type="checkbox"/> Asian/American owned            |  |  |
| <input type="checkbox"/> African/American owned   | <input type="checkbox"/> Native/American owned           |  |  |
| <input type="checkbox"/> Hispanic/American owned  | <input type="checkbox"/> Other minority owned (specify): |  |  |
| <b>Amount of Funding Requested:</b> Click or tap here to enter text.                                    |  | <b>Number of Individual Trainees:</b> Click or tap here to enter text. |  |
| <b>Anticipated Start Date:</b> Click or tap here to enter text.   |  | <b>Anticipated End Date:</b> Click or tap here to enter text.          |  |

| SECTION 2. <i>Eligibility Criteria</i>   |  |                             |
|--|--|-----------------------------|
| Please thoroughly answer all questions. Attach additional sheets if necessary.   |  |                             |
| Do business circumstances point to probable layoffs?   | <input type="checkbox"/> YES   | <input type="checkbox"/> NO |
| If yes, please describe the business's circumstances.<br>Click or tap here to enter text.  |  |                             |
| <b>The requested training will:</b>  |  |                             |
| <input type="checkbox"/> Increase employee skills  | <input type="checkbox"/> Save jobs within our business<br>(How many? Click or tap here to enter text.) |                             |
| <input type="checkbox"/> Address changing skill requirements   | <input type="checkbox"/> Result in a credential(s)   |                             |
| <input type="checkbox"/> Result in wage/pay increases  | <input type="checkbox"/> Help prevent business relocation or closure                                   |                             |
| <b>Explain how the training will improve employee skills, resulting in a more competitive workforce and/or improve overall business circumstances.</b><br>Click or tap here to enter text. |  |                             |

**SECTION 2. Eligibility Criteria**

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. Training descriptions for each program 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.

**Provider Federal ID #:** Click or tap here to enter text.

**Name of Training Provider Representative:** 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 here 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 Employment:**

Click or tap here to enter text.

**Certification Earned:** Click or tap here to enter text.

**BUDGET**

**Instructor Wages/Tuition:** Click or tap here to enter text.

**\*Materials/Supplies/Textbooks:** Click or tap here to 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 #2**

**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.

**Provider Federal ID #:** Click or tap here to enter text.

**Name of Training Provider Representative:** 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 here 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.

|  |   |  |
|--|---|--|
| <b>TRAINING #2</b>   |   |  |
| <b>Projected Number of Hours of Training:</b> Click or tap here to enter text.   |   | <b>Number of Trainees:</b> Click or tap here to enter text.            |
| <b>Job Title(s) and Length(s) of Employment:</b><br>Click or tap here to enter text.   |   |  |
| <b>Certification Earned:</b> Click or tap here to enter text.  |   |  |
| <b>BUDGET</b>  | <b>Instructor Wages/Tuition:</b> Click or tap here to enter text. | <b>*Materials/Supplies/Textbooks:</b> Click or tap here to enter text. |
|  | <b>*Other Costs:</b> Click or tap here to enter text.             | <b>TOTAL COST:</b> Click or tap here to enter text.                    |
| <b>*Please itemize costs related to materials, supplies, textbooks, and other costs here:</b> Click or tap here to enter text. |   |  |

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| <b>TRAINING #3</b>   |   |  |
| <b>Name of Training:</b> Click or tap here to enter text.  |   |  |
| <b>Training Description:</b> Click or tap here to enter text.  |   |  |
| <b>Name of Training Provider:</b> Click or tap here to enter text.   |   | <b>Provider Federal ID #:</b> Click or tap here to enter text.         |
| <b>Name of Training Provider Representative:</b> Click or tap here to enter text.  |   |  |
| <b>Address:</b> Click or tap here to enter text.   |   |  |
| <b>City:</b> Click or tap here to enter text.  | <b>State:</b> Click or tap here to enter text.                    | <b>Zip:</b> Click or tap here to enter text.                           |
| <b>Phone:</b> Click or tap here to enter text.   |   | <b>Fax:</b> Click or tap here to enter text.                           |
| <b>Anticipated training dates:</b> Click or tap here to enter text.  |   |  |
| <b>Projected Number of Hours of Training:</b> Click or tap here to enter text.   |   | <b>Number of Trainees:</b> Click or tap here to enter text.            |
| <b>Job Title(s) and Length(s) of Employment:</b><br>Click or tap here to enter text.   |   |  |
| <b>Certification Earned:</b> Click or tap here to enter text.  |   |  |
| <b>BUDGET</b>  | <b>Instructor Wages/Tuition:</b> Click or tap here to enter text. | <b>*Materials/Supplies/Textbooks:</b> Click or tap here to enter text. |
|  | <b>*Other Costs:</b> Click or tap here to enter text.             | <b>TOTAL COST:</b> Click or tap here to enter text.                    |
| <b>*Please itemize costs related to materials, supplies, textbooks, and other costs here:</b> Click or tap here to enter text. |   |  |

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| <b>TRAINING #4</b>   |  |  |
| <b>Name of Training:</b> Click or tap here to enter text.                            |  |  |
| <b>Training Description:</b> Click or tap here to enter text.                        |  |  |
| <b>Name of Training Provider:</b> Click or tap here to enter text.                   |  | <b>Provider Federal ID #:</b> Click or tap here to enter text. |
| <b>Name of Training Provider Representative:</b> Click or tap here to enter text.    |  |  |
| <b>Address:</b> Click or tap here to enter text.                                     |  |  |
| <b>City:</b> Click or tap here to enter text.  | <b>State:</b> Click or tap here to enter text. | <b>Zip:</b> Click or tap here to enter text.                   |
| <b>Phone:</b> Click or tap here to enter text.                                       |  | <b>Fax:</b> Click or tap here to enter text.                   |
| <b>Anticipated training dates:</b> Click or tap here to enter text.                  |  |  |
| <b>Projected Number of Hours of Training:</b> Click or tap here to enter text.       |  | <b>Number of Trainees:</b> Click or tap here to enter text.    |
| <b>Job Title(s) and Length(s) of Employment:</b><br>Click or tap here to enter text. |  |  |

| TRAINING #4   |  |   |
|---|--|---|
| Certification Earned: Click or tap here to enter text.  |  |   |
| BUDGET  | Instructor Wages/Tuition: Click or tap here to enter text. | *Materials/Supplies/Textbooks: Click or tap here to 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 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.   |  | Provider Federal ID #: Click or tap here to enter text.         |
| Name of Training Provider Representative: 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 here 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 Employment: Click or tap here to enter text.  |  |   |
| Certification Earned: Click or tap here to enter text.  |  |   |
| BUDGET  | Instructor Wages/Tuition: Click or tap here to enter text. | *Materials/Supplies/Textbooks: Click or tap here to 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 #6  |  |   |
|--|--|---|
| 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.                |  | Provider Federal ID #: Click or tap here to enter text.         |
| Name of Training Provider Representative: 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 here 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 Employment: Click or tap here to enter text. |  |   |
| Certification Earned: Click or tap here to enter text.                     |  |   |
| BUDGET   | Instructor Wages/Tuition: Click or tap here to enter text. | *Materials/Supplies/Textbooks: Click or tap here to enter text. |

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

|   |
|---|
| <b>SECTION 4. Training Budget</b>   |
| Businesses/consortia must contribute to the cost of the IWT project, with a minimum contribution of: <ul style="list-style-type: none"> <li>• 10 percent of the cost for business locations or consortia with no more than 50 employees</li> <li>• 25 percent of the cost for business locations or consortia with more than 50 employees, but no more than 100 employees</li> <li>• 50 percent of the costs for a business location or consortia with more than 100 employees</li> </ul> |

| 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.*

*\*\*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.*

**Source of Business Share/Contribution:**

- ☐ Cash  
☐ Employee wages paid during training  
☐ In-kind

**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.*

|   |  |
|---|--|
| <b>Signature:</b>                                   | <b>Title:</b> Click or tap here to enter text. |
| <b>Print Name:</b> Click or tap here to enter text. | <b>Date:</b> Click or tap to enter a date.     |