



INCUMBENT WORKER TRAINING GRANT

EMPLOYER APPLICATION AND FORMS

UPDATED MAY 2009

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River Valley Workforce Investment Board Incumbent Worker Training Grant Program (IWT)

Application Submission

Employer applicants should be encouraged to contact the River Valley Workforce Investment Board (RVWIB) staff or Business Solutions Team IWT Grant contacts prior to completing the application for IWT Grant incumbent worker training services. This contact gives the company an opportunity to review and discuss the IWT Grant Training Program guidelines, restrictions, priority of training as it relates to the needs of the company, obtain assistance with completion of the application for training, understand the contracting process and the training reimbursement process. The Business Solutions Team has been created to help employers address and solve their workforce training needs. RVWIB staff or IWT Grant contacts of the Business Solutions Team will be the primary contacts for the IWT Grant Training Program, assisting employers with the identification of specific training needs and training solutions for their workforce. The representative will be well versed in the local training programs as well as other training assistance available to employers, and can help identify the most appropriate resource for the company.

A list of River Valley Business Solutions Team Members is available on line at www.rivervalleywib.org.

Completed applications will be submitted to:

River Valley Workforce Investment Board
One Smoketree Office Complex, Unit A
North Aurora IL 60542
Phone: 630 859-9923; Fax: 630-859-9928

River Valley Business Solutions IWT Grant Training Program Application

Section I: Company Information

Company Name		
Federal Employer I.D. Number	Industry SOC Code:	
Illinois Unemployment Insurance Number		
Authorized Company Representative	Title	
Project Contact Name	Title	
Telephone Number	Extension	Fax
Email Address	Company Website Address	
Street/Mailing Address		
City/State	Zip Code	County

Years in Business:	Years at Current Location:
Description of Business, Product(s) and/or Service(s)	
Ethnicity of Company Ownership:	
Total Number of Full-time Employees at Applicant Location	

Legal Structure of Business: Sole Proprietor Partnership Corporation
Tax Status of Business: Private for Profit Private Not for Profit Corporation designation _____

Section II: Company Status and Other Information

Explain why your company is requesting financial assistance to provide the proposed training project.

Has your company been in operation in the State of Illinois during the entire twelve month period immediately preceding the date of application?	Yes	No
Has your company relocated within the last 120 days?	Yes	No
If so, were any workers displaced in the relocation?	Yes	No
Is your company current on all State of Illinois tax obligations?	Yes	No
Is your company current on all applicable county, city, and local taxes?		
Is your company current on all applicable Federal taxes?	Yes	No
Has your company been identified as a going concern or risk during its most recent audit?	Yes	No
Are employees of your company subject to a collective bargaining agreement? <i>If yes, attach a letter of endorsement for this training from the authorized union official.</i>	Yes	No

Complete Attachment C – Training Provider Information for the provider(s) under consideration by the employer to provide training through IWT Grant funds.

NOTE REGARDING ETIP Policy: The IWT Grant is intended to complement, not replace, other resources available to employers. An eligible company that is **not currently receiving** ETIP funds for the **same proposed training program**, or for the **same proposed training recipients**, as the training program or training recipients identified in the IWT Grant application, is eligible to apply for IWT Grant training funds.

Section VII. Project Budget Summary

Complete Attachment D – Project Budget Summary and Attachment E – Competitive Pricing/Bid Summary Form. Instructions are included as text between the two forms.

Section VIII. Authorized Signature

As authorized representative of the company submitting this application, I hereby certify that my company meets the minimum requirements and is eligible to submit this application; the information contained in this application is true and accurate; and I am aware that any false information, intentional omissions, or misrepresentations may subject me to civil or criminal penalties. I am aware that information reported for the purpose of this proposal may be used for marketing of the Business Solutions Training Program.

(Please print or type)

Company Representative Name _____ Title _____

Signature _____ Date _____

**River Valley Business Solutions
IWT Grant Training Program**

Application Attachment B

**Incumbent Worker Training
Project Plan**



**River Valley Business Solutions
IWT Grant Training Program**

Application Attachment C

Training Provider Information

Please provide the following information on each training provider the employer wishes to select to provide the training:

Name of Training Provider Institution /

Company: _____

Where will the training be delivered? _____

Can the training provider offer assurance that the training will be completed within twelve months?

Yes No

Contact Person: _____

Title: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-Mail Address: _____ Web Page Address: _____

Federal ID Number: _____

Training Provider Credentials or Institution Accreditation _____

Name of Training Provider Institution /

Company: _____

Where will the training be delivered? _____

Can the training provider offer assurance that the training will be completed within twelve months?

Yes No

Contact Person: _____

Title: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____

E-Mail Address: _____ Web Page Address: _____

Federal ID Number: _____

Training Provider Credentials or Institution Accreditation _____

**River Valley Business Solutions
IWT Grant Training Program**

Application Attachment D

Project Budget Summary

IMPORTANT: ATTACH BUDGET NARRATIVE AND VENDOR PRICE QUOTES

Attach an explanation of how expenses in the Project Budget were calculated and detailing what makes up the expenses in each cost category. **Label this D.1.**

Price quotes from a minimum of three (3) training vendors or training providers should be obtained and considered. Attach separate price quotes from each training vendor to the completed Competitive Pricing/ Bid Summary form – **Attachment E.**

Complete Project Budget Summary below:

Budget Line Items		Costs
A.	Instructor Costs or Tuition/Fees	\$ _____
B.	Training Materials	\$ _____
C.	Other Costs	\$ _____
D.	Total Training Costs	\$ _____

Calculate Company Match				
E.	Required Company Match (Select company size to determine your match obligation – see instructions page)	<input type="checkbox"/> Small = 10% Match	<input type="checkbox"/> Medium = 25% Match	<input type="checkbox"/> Large = 50% Match
F.	Dollar Amount of Match	\$ _____	\$ _____	\$ _____
Company Credits toward Match				
G.	Employee Wage Match (Detailed in Attachment D.1.)	\$ _____	\$ _____	\$ _____
H.	In-Kind Contribution Match (List other company contributions, if any)	\$ _____	\$ _____	\$ _____

TOTAL TRAINING COSTS	COMPANY MATCH
I. \$ _____	J. \$ _____

INSTRUCTIONS FOR ATTACHMENT D—PROJECT BUDGET SUMMARY

- A. Instructor Costs or Tuition/Fees should include outside instructors or tuition paid to schools.
- B. Training Materials should include books, manuals, tools or other materials required by the trainees or instructor.
- C. Other Costs can include items not covered above.
- D. Total Training Costs is the sum of Lines A through C.
- E. Size is based on the total number of full-time employees at your facility, as indicated on your Application Cover Sheet:
Small = 1-50 employees. Medium = 51-99 employees. Large = 100 and up employees.
- F. Dollar Amount of Match is calculated by multiplying your required match percentage (Line E) by Total Training Costs (Line D).
- G. Employee Wages may count toward your match if training was on company time. Total Trainee Wages should have been figured on Attachment B. Copy that figure here in the column appropriate to your size company.
- H. In-Kind Contributions, if you have any, may also count toward your match.
- I. Total Training Costs is copied from Line D above.
- J. Add Lines G and H and subtract from Line F to determine how much of the company's required match is covered by Employee Wages and/or In-Kind Contributions. If Lines G and/or H equal or exceed the company's total Dollar Amount Match (Line F), write "\$0" in Line J. The company will be considered as having met its match. The Workforce Investment Board is then responsible for the rest of the training budget. The Workforce Investment Board will not pay any of the employee wages.

INSTRUCTIONS FOR ATTACHMENT E – COMPETITIVE PRICING/BID SUMMARY FORM

- A. Complete form with summary information from each price quote collected from each training provider considered before making selection of training provider. Indicate which training provider has been selected and explain the decision behind their selection. Justification for provider selected is required.

Application Attachment E

COMPETITIVE PRICING/BID SUMMARY FORM
For IWT Grant Training Expenses
(For Procurements Under \$15,000)

Program Year '08 09

Type of Training Being Procured:

Requested by:

Independent Estimate of Cost:

Name of Vendor or Training Provider Contacted	Contact Person	Date Contacted	Price Quote	Explanation of Training / Quote	Date Accepted or Rejected

Vendor or Provider Selected	
Justification for Selection	

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Signature of Procurer / Date

Signature of Approving Official/ Date