

APPLICATION FOR REGISTERED APPRENTICE TRAINING FUNDS

Lancaster County Workforce Development Board Work-Based Training

*Applicant Data	
Company:	
Contact Person: Address:	Contact Person's Title:
Phone:	Fax:
Email:	Company Website:
*Company/Organization Data	
Size of Company: #Employees at Location: _____ #Employees Worldwide: _____	
Type of Company Ownership: Check the appropriate box (for IRS Form W-9): <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (tax classification: C = C Corp., S = S Corp., P = Partnership) _____ <input type="checkbox"/> Other _____	
Union Affiliation: <input type="checkbox"/> Yes No Specify: _____ Meets Americans with Disabilities Act Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of other Division, Facilities or Headquarters: _____ If company relocation to PA, have layoffs occurred within last 120 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Federal Employer Identification Number (FEIN): _____ Worker Compensation Insurance Carrier: _____ Policy # _____	
Product/Service Description:	
NAICS Industry Code (North American Industry Classification Code) : _____	
*Additional Information	
Have you applied for or received registered apprenticeship status with the PA Department of Labor & Industry Apprenticeship Training Office? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide PA Registered Apprenticeship Program Number(s) or date/status of PA DOL&I application	

***Indicates required information. Application will not be considered unless completed.**

Resources utilized for recruiting:

- ☐ Internet ☐ Newspaper only ☐ Temp. agency ☐ H.R. Firm
☐ Social Media-specify _____ ☐ Other-specify _____

Applicant has posted positions on the PA CareerLink® website, or has worked with the PA CareerLink® Lancaster County Business Services Team:

Yes ☐ No ☐

Please Note: By signing and submitting this application:

1. If Applicant is not yet a PA CareerLink® Lancaster County employer customer, prior to approval of Registered Apprenticeship Training funding, Applicant agrees to participate in an in-person consultation with the PA CareerLink® Lancaster County Business Services Team.

2. Applicant agrees to post job opening positions on PA CareerLink® website.

Applicant is interested in participating in the following Lancaster WDB workforce initiatives:

- | | | |
|---|--|---|
| <input type="checkbox"/> Job Shadowing | <input type="checkbox"/> PA CareerLink® Workshop | <input type="checkbox"/> Employer Tour |
| <input type="checkbox"/> Internship/Mentorship | <input type="checkbox"/> Employer Panel | <input type="checkbox"/> Work Experience Worksite |
| <input type="checkbox"/> Local Career Education Partnership | | <input type="checkbox"/> Youth Summer Employment |
| <input type="checkbox"/> Other Initiative _____ | | |

***Project Information**

Project Start Date: _____ **Project Complete Date:** _____

Total # of employees to be trained: _____

Total Contracted Instructional Cost: \$ _____

Grant reimbursement is pursuant to Lancaster WDB Work-based Training Policy

REQUIRED: Use the table on page four or provide a separate spreadsheet itemizing the Job-related training and numbers to be trained that you are requesting funds for. Remember to include training provider.

Briefly describe your training needs and explain how funding will assist in achieving company Registered Apprenticeship goals (e.g. incumbent worker upskill, dedicated career pathing, achievement of requisite licensing, industry certification/endorsement, etc.). A related instruction training plan linked to the company apprenticeship program should be included with this application.

Without compromising individual confidentiality, briefly describe the characteristics of any training participants with historical barriers to employment that are represented (*i.e., Individuals with Disabilities, English Language Limited, Ex-Offenders, Low-income Individuals, Single Parent, Older Worker, Non-traditional gender, BIPOC, etc.*).

The Lancaster County WDB Registered Apprenticeship Training Eligibility Policy requires all training participants to have an established employment history of six (6) months or more with the sponsoring company. Please confirm:

☐ Yes ☐ No

Projected Company Outcomes

As a result of this training, will any or all of the following apply?

1. Enhanced Talent Attraction. ☐ Yes ☐ No
2. Improved Productivity (e.g. Work standards, service time saved, etc.). ☐ Yes ☐ No
3. Return on Investment (e.g. Reduced turnover, minimize costs, etc.). ☐ Yes ☐ No

Specify _____

4. Increased industry competitiveness (e.g. Regulatory or code requirements, etc.).

☐ Yes ☐ No **Specify _____**

***Projected Trainee Outcomes**

As a result of this training, at least one of the following must apply for consideration. Choose the expected outcome(s)

1. New Registered Apprentice. ☐ Yes ☐ No

Program Sponsor (if other than company) _____

2. Promotion to next apprentice level. ☐ Yes ☐ No

3. Wage increase (other than cost of living increase). ☐ Yes ☐ No

Specify median before and after promotion wage/benefit levels for all trainees.

Pre-Training = \$_____/Hr. Post-Training = \$_____/Hr.

4. Requisite for retained employment. ☐ Yes ☐ No

Employees required to complete related instruction to attain Journeyman status

If other explain _____

***List Each Training Detail Separately. Specific Courseware Only.**

(Credential: A = Apprenticeship; C = Certificate; IC = Certification)

Course Title	# Trainees	Total Cost	Occupation Title/Level/RAPIDS Code	Start/End Date	Provider	Credential Received
Example: Basic Pneumatics	10	\$4050	Maintenance Technician / Apprentice 1 / 0308	10/2/2017 10/30/2017	RACC	C
Example: Plumbing Apprentice Year Two	2	\$4310	Plumber / Apprentice 2 / 0432	9/3/2018 5/30/2019	BCTC	A

Total Contracted Instructional Cost		\$				

PLEASE NOTE:

The applicant must create an Employer Profile and is responsible for the data entry of all Training Participant(s) Name(s) and Social Security Number(s) information into the Commonwealth Workforce Development System (CWDS) at the following website. Data entry training will be provided upon request.

Failure to do so may result in the disallowance of any or all reimbursable training costs identified in this application.

www.cwds.pa.gov

Application Submitted by:

Signed: _____

Name: _____

Title: _____

Please attach a copy of the company training plan and vendor training proposal (if applicable) and send the completed application and Company Match letter to:

**Lancaster County Workforce Development Board
Attn: Valerie Hatfield
1046 Manheim Pike
Lancaster, PA 17601**

Scanned or e-copy to [Valerie Hatfield](#) or fax to 717-735-0335. Please call 717-735-0333 for questions or assistance.

FOR LANCASTER COUNTY WDB OFFICE USE ONLY

Funding Source:

- ☐ Industry Partner Worker Training
☐ WIOA Title I Adult
☐ WIOA Title I Dislocated Worker
☐ Rapid Response Employment Retention
☐ NEG ☐ Other _____

WDB Approval Signature: _____

Date: _____

Please use your
*Company's Letterhead

Date: _____

As a requirement of accepting grant funds for training through the Lancaster County WDB Registered Apprenticeship Training Grant Program, documented below is confirmation of our company commitment to the *required* Company Cash Match. Paid employee(s) work release time is *non-compulsory* and is only considered an additional company in-kind match.

CASH Match (Required):

\$ _____ - \$ _____ = \$ _____
Cost of Training - grant funds = Company Cash Match*

**NOTE: Company Cash Match must be proportionate to the Cost of Training as required by the following: Company size 1-100 employees @ 25%; Company size 101 employees and over @ 50%*

IN-KIND Match (Optional):

of Employees X Hrs of Training X Dollars = Paid work release time**
(Away from work) (Hourly wage + benefits)
_____ X _____ X \$ _____ = \$ _____

***Requested for Employer training cost tracking only*

Signature

Date _____

Title

Please return the form to:

Valerie Hatfield
Lancaster County Workforce Development Board
1046 Manheim Pike
Lancaster, PA 176012

Scanned electronic document to: vhatfield@lancastercountywib.com
Fax copy to 717-735-0335