

APPLICATION FOR INCUMBENT WORKER TRAINING FUNDS

Lancaster County Workforce Development Board Work-Based Training

Applicant Data	
Company:	
Contact Person:	Contact Person's Title:
Address:	
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 <input type="checkbox"/> 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 WEDnetPA Guaranteed Free Training funding for this training? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 Incumbent Worker 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"/> Career Ready Lancaster Business-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: \$

(Reference IWT Guidelines for required Employer Match based on company size)

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 ***(must include Standard Occupational Classification (SOC*) codes or job titles of attendees)***. Remember to include training provider.

**Identified in PA Center for Workforce Information & Analysis High Priority Occupation list*

Briefly describe your training needs and explain how funding will assist in achieving company High Priority Occupation goals (e.g. production worker upskill, equipment installation & repair training, quality control, etc.)

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 Occupation gender, Person of Color, etc.).

<p>Is this training identified as an industry consortia need? (choose one) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Lancaster County WDB Incumbent Worker 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:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Projected Company Outcomes (required)</p>
<p><i>As a result of this training, will any or all of the following apply? (at least one must apply for consideration)</i></p> <p>1. Quality Improvement. (Total Quality Management, Reduced Junk, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No Specify</p> <p>2. Increased Productivity (Production Man Hour, Product Throughput, Lean, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No % Increase ____/Hr.</p> <p>3. Improved Profits (Cost Savings, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No % Increase</p> <p>4. Increased industry competitiveness (Increased investment in economies of scale, equipment, etc.). <input type="checkbox"/> Yes <input type="checkbox"/> No Specify</p>
<p>Projected Trainee Outcomes (required)</p>
<p><i>As a result of this training, at least one of the following must apply for consideration. (choose the expected outcome)</i></p> <p>1. Wage increase (other than cost of living increase). <input type="checkbox"/> Yes <input type="checkbox"/> No Specify median before and after training wage/benefit levels for all trainees. Pre-Training = \$ ____/Hr. Post-Training = \$ ____/Hr</p> <p>2. Promotion. <input type="checkbox"/> Yes <input type="checkbox"/> No Specify number(s)</p> <p>3. Industry Recognized Credential. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Requisite for retained employment (layoff aversion). <input type="checkbox"/> Yes <input type="checkbox"/> No Explain</p>

List Each Training Detail Separately. Specific Courseware Only.

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

Course Title	# Trainees	Total Cost	Job Title(s)	Start/End Date	Provider	Credential Received
<i>Example: Basic Pneumatics</i>	<i>10</i>	<i>\$4050</i>	<i>Maintenance Technician</i>	<i>10/2/2017 10/30/2017</i>	<i>HACC</i>	<i>C</i>
<i>Example: Machining-CNC Milling</i>	<i>2</i>	<i>\$2070</i>	<i>Machinist</i>	<i>12/4/2017 1/26/2018</i>	<i>TSCT</i>	<i>IC</i>

Total Contracted Instructional Cost	\$
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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: Brie Kulp

1046 Manheim Pike, Lancaster PA 17601

Scanned or e-copy to bkulp@lancastercountywib.com 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 Incumbent Worker 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.

IN-KIND Match (Optional):

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

CASH Match:

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

**Voluntary and only requested for Employer training cost tracking*

***NOTE: CASH Match must align with Employer Match Payment of Non-Federal Share found in IWT Guidelines.*

Date

Signature

Title

Please return the form to:

Brie Kulp
Lancaster County Workforce Development Board
1046 Manheim Pike
Lancaster, PA 17601
Scan electronic document to:
bkulp@lancastercountywib.com