

# **APPLICATION FOR REGISTERED APPRENTICE TRAINING FUNDS**

## **Lancaster County Workforce Development Board Work-Based Training**

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

**\*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:**

- Job Shadowing                       PA CareerLink® Workshop                       Employer Tour  
 Internship/Mentorship                       Employer Panel                       Work Experience Worksite  
 Local Career Education Partnership                       Youth Summer Employment  
 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.

**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.** Has this trainee been employed with your company for at least 6 months?  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 \_\_\_\_\_**



**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](http://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 Becker**

**1046 Manheim Pike**

**Lancaster, PA 17601**

*Scanned or e-copy to Brie Becker at [bbecker@lancastercountywib.com](mailto:bbecker@lancastercountywib.com). Please email [bbecker@lancastercountywib.com](mailto:bbecker@lancastercountywib.com) 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:

Brie Becker  
Lancaster County Workforce Development  
Board 1046 Manheim Pike  
Lancaster, PA 176012