

**Workforce Innovation and Opportunity Act --- Alabama Incumbent Worker Training Program
Program Application**

SECTION 1: COMPANY INFORMATION

PARENT OR CORPORATE NAME OF APPLYING COMPANY (MUST AGREE WITH NAME LISTED ON IRS W9 FORM AND ON THE E-VERIFY MOU):			
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
P.O. BOX ADDRESS:	CITY:	STATE:	ZIP:
COMPANY NAME, IF DIFFERENT:		COUNTY:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
P.O. BOX ADDRESS:	CITY:	STATE:	ZIP:
COMPANY CONTACT:		PHONE:	EXT: FAX:
TITLE:	E-MAIL:	WEBSITE:	
NO. OF FULL-TIME WORKERS:	DATE BUSINESS BEGAN IN AL:	FEDERAL I.D. NO.:	
AL SALES TAX REG. NO.:	UNEMPLOY. COMP. I.D. NO.:	PRIMARY NAICS NO.:	
TAX STATUS OF BUSINESS: <input type="checkbox"/> FOR-PROFIT <input type="checkbox"/> NOT-FOR-PROFIT (DESIGNATION) <input type="checkbox"/> OTHER:			
LEGAL STRUCTURE OF BUSINESS: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION			
IS YOUR COMPANY CURRENT ON ALL FEDERAL, STATE OF ALABAMA, COUNTY, CITY, AND LOCAL TAX OBLIGATIONS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR COMPANY RECEIVING AND/OR APPLYING FOR OTHER PUBLIC TRAINING FUNDS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:			
HAS THIS FACILITY, OR ANY OF THE COMPANY'S SUBSIDIARIES, BEEN AWARDED IWTP FUNDS SINCE JANUARY 1, 2000?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN:			
DOES YOUR COMPANY HAVE AN EQUAL OPPORTUNITY/NONDISCRIMINATION POLICY IN PLACE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR COMPANY IN COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR COMPANY SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES AND IF UNION REPRESENTED EMPLOYEES WILL BE PARTICIPATING IN THE TRAINING ACTIVITIES OF THIS PROGRAM, IT IS REQUIRED THAT CONSENT BE OBTAINED FROM THE REPRESENTING UNION TO COLLECT THE ELIGIBILITY DATA FROM THE EMPLOYEES PRIOR TO FUNDING APPROVAL.			
IS YOUR COMPANY WILLING TO PROVIDE PROJECT OUTCOME INFORMATION TO THE WORKFORCE DEVELOPMENT DIVISION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE NOTE: ADDITIONAL INFORMATION CAN BE FOUND IN THE PROGRAM GUIDELINES.			
THIS COMPANY IS: (CHECK ALL APPLICABLE) <input type="checkbox"/> NATIVE-AMERICAN OWNED <input type="checkbox"/> ASIAN-AMERICAN OWNED <input type="checkbox"/> AFRICAN-AMERICAN OWNED <input type="checkbox"/> HISPANIC-AMERICAN OWNED <input type="checkbox"/> WOMAN OWNED <input type="checkbox"/> OTHER MINORITY OWNED (SPECIFY):			
THIS COMPANY IS LOCATED IN: (CHECK, IF APPLICABLE) <input type="checkbox"/> RURAL AREA <input type="checkbox"/> ENTERPRISE ZONE <input type="checkbox"/> DISTRESSED INNER-CITY AREA			
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR BUSINESS, PRODUCT(S) AND/OR SERVICE(S):			

SECTION 2: TRAINING FUNDS REQUESTED

FEDERAL TRAINING FUNDS REQUESTED \$ _____ (MAXIMUM AMOUNT OF \$30,000 ELIGIBLE FOR REQUEST)	NUMBER OF EMPLOYEES TO BE TRAINED: _____ NON-FEDERAL EMPLOYERS MATCH: \$ _____
PROPOSED TRAINING START DATE: _____ (AT LEAST 45 WORKING DAYS AFTER SUBMISSION OF APPLICATION)	ANTICIPATED TRAINING END DATE: _____ (MAXIMUM OF 12 MONTHS FROM PROPOSED TRAINING START DATE)

SECTION 3: TRAINING PROVIDER INFORMATION (ATTACH ADDITIONAL SHEETS, IF NECESSARY)

THE TRAINING PROVIDER(S) WILL BE : <input type="checkbox"/> PUBLIC TRAINING INSTITUTION <input type="checkbox"/> PRIVATE TRAINING INSTITUTION <input type="checkbox"/> PRIVATE INSTRUCTOR			
TRAINING WILL BE DELIVERED: <input type="checkbox"/> ON-SITE AT THE BUSINESS <input type="checkbox"/> AT THE TRAINING INSTITUTION <input type="checkbox"/> AT A REMOTE LOCATION			
TRAINING PROVIDER:	CONTACT:	PHONE:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
TRAINING PROVIDER:	CONTACT:	PHONE:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:
TRAINING PROVIDER:	CONTACT:	PHONE:	
PHYSICAL ADDRESS:	CITY:	STATE:	ZIP:

■ SECTION 4: TRAINING PROJECT INFORMATION

Please provide a description of the most pressing problems or issues your company currently faces and how the proposed training will affect those issues.

Provide a detailed description of the anticipated training project. Please be sure to include the following information in your description:

- a) Description of company issues to be addressed by training
- b) Number of trainees
- c) Job titles and average salary or hourly wages
- d) Departments to be involved
- e) List each training module
- f) Number of hours of training for each module
- g) Training provider and number of instructors
- h) Costs of instruction/tuition
- i) Any resulting certifications, continuing education credits (CEUs), etc.
- j) Outcome(s) to be achieved by participants as a result of training
- k) Outcome(s) to be achieved by company as a result of training

SECTION 5: TRAINING PROGRAM BUDGET & TIMELINE

Organization Name:

Training Modules/Classes	Start Date	End Date	# of Instruction Hours	Funds Requested	Employer Contribution	Sub-Total
						\$ -
Curriculum Development Cost						
	NONE					\$ -
Materials/Supplies/Textbooks						
	NONE					\$ -
Other Costs (Describe)						
	NONE					\$ -
Travel, Food, Lodging						
	IWTP FUNDS CANNOT BE USED					\$ -
Trainee Wages (Per Class)						
	IWTP FUNDS CANNOT BE USED					\$ -
TOTALS				\$ -	\$ -	\$ -

A Microsoft Excel version of this form may be obtained by contacting the Workforce Development Division at (334) 353-1632 or by visiting www.wioa-alabama.org.

■ SECTION 6. ANTICIPATED OUTCOMES OF THE TRAINING PROJECT

Please check the boxes that apply to the anticipated outcomes of the proposed training project. This section must be completed in order to help measure final performance of the training impact on the employees and the company.

- ✓ For each checked box, attach a brief statement to the application explaining “how” and/or “why” this training would result in the particular outcome.
- ✓ Please note that no proprietary or individually identifiable information will be shared publicly without prior written permission from the business.

Anticipated outcomes resulting from the proposed training	
<input type="checkbox"/> Will help prevent possible relocation of operations (layoff aversion)	<input type="checkbox"/> Will make this location more competitive
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will assist in training of the disabled	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will contribute to the long-term viability of our company	<input type="checkbox"/> Will contribute to the short-term viability of our company
<input type="checkbox"/> Will be an important component of our company’s overall workforce development efforts	<input type="checkbox"/> Will assist in the improvement of international trade opportunities

Anticipated Measurable Outcomes	
<input type="checkbox"/> Will save _____ jobs within the company	<input type="checkbox"/> Will create _____ openings in entry-level positions
<input type="checkbox"/> Will create _____ new jobs within our company	<input type="checkbox"/> Will improve the unit/labor costs by _____ percent
<input type="checkbox"/> Will improve the long-term wage levels of trainees by _____ percent	<input type="checkbox"/> Will improve the short-term wage levels of trainees by _____ percent
<input type="checkbox"/> Will lower employee turnover in our company by _____ percent	<input type="checkbox"/> Will increase overall efficiency of the company by _____ percent
<input type="checkbox"/> Increase profit margin by _____ percent over the next _____ months	<input type="checkbox"/> Increase/retain sales by _____ percent over the next _____ months

Other Measurable Goal
Alternate measurable goals may be listed here

■ **SECTION 7. CERTIFICATION BY AUTHORIZED COMPANY REPRESENTATIVE**

The following should be completed by an executive of the company authorized to enter into agreements on behalf of the company. (Example: President, Vice President, CEO, Director, Owner)

As an authorized representative of the applying company, I hereby certify that the information listed in 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 or falsifying public records and/or forfeiture of any training funding awards approved through this program.

Authorized Company Representative's Printed Name

Title

Authorized Company Representative's Signature

Date

■ **SECTION 8. DESIGNATION OF AN ALTERNATE AUTHORIZED COMPANY REPRESENTATIVE**

Should the authorized company representative wish to approve an alternate as the signature authority for any/all future program documents the following should be completed. Please Note: The authorized company representative named above must sign in the area indicated below, acknowledging this designation.

Alternate Authorized Company Representative's Printed Name

Title

Alternate Authorized Company Representative's Signature

Date

Approval Acknowledgement for Alternate:

Authorized Company Representative's Signature

Date

■ SECTION 9. INSTRUCTIONS FOR APPLICATION SUBMISSION:

The Incumbent Worker Training Program Guidelines and Application may be found at <https://wioa-alabama.org>. Any information or documentation that cannot be supplied in the spaces provided on the application should be identified by the relevant question number on additional pages and attached to the back of the application form.

- Please include the following four forms with your application:
 - **State of Alabama Disclosure Statement**, required by Executive Order No. 55. This form can be found at the following website: www.ago.state.al.us/documents/vendor_disclose.pdf. Note: This form must be notarized.
 - **W-9 Tax I.D. Form** located at www.irs.gov/pub/irs-pdf/fw9.pdf. Note: Any discrepancy with the company name and Employer Identification Number (EIN) will impede the application review process. If a discrepancy is found, additional information may be required. (Please note that the company name on the IWT Application, W-9, and E-Verify MOU must be the same name with no discrepancies. Also, the FEIN on the E-Verify document should agree with the FEIN provided on the completed W-9.)
 - Per requirements of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Act 2011-535 as amended by Act 2012-491), an original signed copy of the **Certificate of Compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act** is required by §31-13-9(k). This form can be found at the following website: <https://wioa-alabama.org/incumbent-training/>.
 - A complete copy of the **E-Verify Memorandum of Understanding (MOU)**, which is generated when the company enrolls into the E-Verify program, bearing the number assigned to that MOU by Homeland Security. Please visit the E-Verify website to complete your enrollment or to obtain copies of your documentation: <http://www.dhs.gov/e-verify>.
- The above-referenced application and forms may be obtained at the websites provided or by contacting the Workforce Development Division (contact information below).
- In additions to these forms, a copy of a worker's compensation policy or general liability policy must be provided.
- The employer must be registered in the State of Alabama's vendor system, STAARS, and be signed up for Electronic Funds Transfer (EFT) payments. Employers may register in STAARS at <https://procurement.staars.alabama.gov/>.
- Applications and forms may be emailed to IWTP@commerce.alabama.gov, or they may be mailed to:

Incumbent Worker Training Program
Alabama Department of Commerce
Workforce Development Division
Post Office Box 304106
Montgomery, Alabama 36130-4106

- **NOTE:** It is recommended that the application be submitted at least 45 working days before the planned start date of training.
- Upon receipt of the application confirmation and any relevant program information will be provided to the applying company's contact person.
- Submission of a completed application does not constitute approval of IWTP funding. Approval of the application and Grant Award letter from the Governor must be obtained before the start of any training. No costs will be eligible for reimbursements without a fully executed agreement being in effect.
- Funding limitations may delay or prevent approval as funds are limited and demand may exceed the budget for the IWT Program.
- If you have any questions or need assistance in completing the application, please call (334) 353-1632 or e-mail IWTP@commerce.alabama.gov.

The Alabama Department of Commerce's WIOA Incumbent Worker Training Program is an equal opportunity employer program.