

## **ALABAMA WORKFORCE DEVELOPMENT SYSTEM**

**Department of Commerce  
401 Adams Avenue  
Post Office 304103  
Montgomery, Alabama 36130-4103**

### **GOVERNOR'S WORKFORCE INNOVATION DIRECTIVE NO. PY2024-03**

**SUBJECT:** Incumbent Worker Training Program

**1. Purpose.** To revise the Incumbent Worker Training Program Guidelines under the Workforce Innovation and Opportunity Act (WIOA) and the required application and forms for the Incumbent Worker Training Program authorized in Section 134(a)(3)(A)(i) of the WIOA as administered by the Alabama Department of Commerce, Workforce Development Division. This Directive rescinds Governor's Workforce Innovation Directive Number PY2014-17 as of November 1, 2024.

**2. Discussion.** The Workforce Innovation and Opportunity Act (WIOA), Incumbent Worker Training Program is funded through funds provided by the United States Department of Labor and administered by the Alabama Department of Commerce, Workforce Development Division. The program is designed to provide new or upgraded skills training to full-time, permanent employees.

Incumbent workers are currently-employed workers (who have been employed by the employer for six months or more) whose employers have determined that the workers require training in order to help keep their businesses competitive and the subject workers employed, avert layoffs, upgrade workers' skills, increase wages earned by employees, and/or keep workers' skills competitive. This training must support further job retention and career development for improved economic self-sufficiency for employed workers, especially those most vulnerable to job loss, and increase the capability of the employing business to access and retain skilled workers. Incumbent worker training programs may only be established for employers, which have operated in Alabama for at least two consecutive years. The training shall not be used to supplant current company training.

Incumbent worker training should be designed to meet the special requirements of an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment. The training is conducted with a commitment by the employer to retain or

avert the layoffs of incumbent workers trained through the Incumbent Worker Training Program (20 CFR 680.790 (a) and (b)).

The attached guidelines and application apply to state level Incumbent Worker Training Programs. Since the local workforce investment areas are given the option (per Section 134 (d)(4) of the Act) to fund Incumbent Worker Training programs, they will develop their own procedures as local workforce development area programs must be designed to meet the WIOA requirements at Section 134 (d)(4) regarding local board requirements, including required non-Federal share of training costs.

Please note that enrollment forms for employees participating in training will be collected after an award approval letter is issued to the employer applying for funding. These forms include the Customer Information Form, Customer Agreement Form for WIOA Services, WIOA Participant Information Release Form, and WIOA Grievance and Complaint Procedures.

**3. Action.**

Please read and adhere to the current *Incumbent Worker Training Program Guidelines and Application*, attached. This information is also to be made available to all interested Program applicants. Access to the Guidelines and Application are available through the Commerce Workforce Development Division website: <https://wioa-alabama.org/incumbent-training/>.

**4. Contact.**

Questions regarding the IWTP or this Directive should be directed to [IWTP@commerce.alabama.gov](mailto:IWTP@commerce.alabama.gov).

*Tammy Wilkinson*

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Tammy Wilkinson, Director  
Workforce Development Division

11/05/2024

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Date

Attachments

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**  
**ALABAMA INCUMBENT WORKER TRAINING PROGRAM**  
**PROGRAM GUIDELINES – GOVERNOR’S WIOA SET-ASIDE FUNDS**



Alabama Department of Commerce



**Kay Ivey, Governor**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**  
**ALABAMA INCUMBENT WORKER TRAINING PROGRAM**  
**GOVERNOR'S WIOA SET ASIDE FUNDS**  
**PROGRAM GUIDELINES AND FREQUENTLY ASKED QUESTIONS & ANSWERS**

The Workforce Innovation and Opportunity Act (WIOA), Incumbent Worker Training Program (IWTP) is funded through funds provided by the United States Department of Labor (USDOL)/Employment and Training Administration and administered by the Workforce Development Division of the Alabama Department of Commerce. The purpose of the program is to provide assistance to Alabama employers to help with certain expenses associated with new or upgraded skills training of full-time, permanent company employees.

- Training project applications are reviewed on a first-in/first-funded basis, with priority given to companies that have not previously received IWTP funding assistance, until the budgeted funds are awarded.
- Priority of funding will be given to in demand skills training including training focused on Healthcare, Advanced Manufacturing, Construction, Transportation & Logistics, and Information Technology.
- The maximum funding award for training projects is \$30,000.00 and the initial agreement duration may not exceed twelve months. (If multiple business locations apply for funding, each location's workforce must generate a product or service that is unique to that site and/or that site must be located beyond a normal commuting distance of a seventy-five (75) mile radius from the other applying locations.)
- In addition to the \$30,000.00 maximum funding award, the cost per instruction hour may not exceed \$250.00 per hour. A higher cost per instruction hour may be considered on a case by case basis when training modules/classes are delivered by more than one instructor.
- The maximum funding per employee trained is \$3,300. This is in addition to the \$30,000 maximum award per employer and \$250 per instruction hour maximum rate.
- Each business location must provide evidence of matching contributions for the requested Federal funds. Requirements for the matching contribution are:
  - At least 25 percent of the cost, for employers with 50 or fewer employees;
  - At least 50 percent of the cost, for employers with 51 to 100 employees;
  - 100 percent of the cost, for employers with more than 100 employees.
- With high demand and limited funding available, all applications will be evaluated to leverage other state, federal, and private funds with IWTP funds.
- The Workforce Development Division reserves the right to request follow-up information pertaining to the realized results of the funded training projects.

**PROGRAM GUIDELINES**

All Alabama companies (that meet the requirements outlined on the following pages) are eligible to apply for the WIOA IWTP.

■ **BUSINESS APPLYING FOR FUNDS MUST:**

- Be "for-profit" and have been in operation in Alabama for a minimum of two (2) years before the application date. *Note that applications may also be submitted by non-profit and governmental organizations in operation in Alabama for a minimum of two (2) years. Applications from these types of organizations will be reviewed and funded on a case-by-case basis.*



- Have at least one full-time, permanent employee, other than the owner of the business.
- Demonstrate financial viability and be current on all state and federal tax obligations.
- Have an incumbent worker training program that is designed to meet the special requirements of the employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment.
- Must make a commitment to retain or avert the layoffs of incumbent workers trained in this program.
- Present a training program that provides for new and/or upgraded job skills that are necessary for the company to maintain or increase competitiveness in a global economy and marketable (competitive) work skills for the participating employees.
- Demonstrate the effects of the training on business operations and identify the skills that will be acquired by the employees.
- Include clear and measurable performance outcomes in the IWTP application.
- Training must lead to a credential or certificate for each employee trained.

■ **BUSINESSES NOT ELIGIBLE TO APPLY FOR FUNDS INCLUDE:**

- Any business currently receiving training funds from the Alabama Department of Commerce, which are a duplication of training efforts outlined in the proposed IWTP project.
- Any business that has received funds, either directly or indirectly, from the State of Alabama under any previous training initiative and the terms of the agreement for training were not met or completed by the employer.
- Training Providers or Labor Unions.
- Any business, or business division, that has relocated to Alabama within the past 120 days prior to application and the move resulted in any employee losing his/her job at the original location (WIOA Section 181 (d)(2)).
- Those that have received funding from a previous IWTP agreement and at least 12 months have not expired from the final ending date of that agreement.
- Any business, which has reached the ten (10) year maximum award of \$60,000 from the Incumbent Worker Training Program.

■ **TRAINING SERVICES:**

- Can be provided through Alabama's public or private educational institutions, in- or out-of-state private training organizations, professional trainers hired by the company, or a combination of training providers.
- Can be conducted at the business's facility, the training provider's facility, or a combination of sites.
- Can be occupational skills training designed to meet special requirements of a business or industry.
- Can be educational training, other than degreed programs, such as workplace literacy, basic skills, "soft" skills, and English as a Second Language (ESL).
- Must increase the competitiveness of the employer or the employee.

■ **REIMBURSABLE TRAINING EXPENSES (WITH PROPER DOCUMENTATION):**

- Primarily non-company, professional instructors'/trainers' fees.
- Tuition costs for training courses or programs.
- Textbooks/manuals directly related to training.
- Expendable materials and supplies directly related to training. Tools and supplies required by college courses will be considered on a case by case basis.
- Computer software or online training that is used 100% for training activities only.
- Curriculum development expenses.
- Costs of examinations to obtain credentials related to the training provided.

■ **NON-REIMBURSABLE EXPENSES:**

- Trainee (employee) wages.
- Travel, food, or lodging expenses related to program participants and/or trainers.
- Purchases of capital equipment or other durable (long lasting/reusable) training materials/equipment.
- Capital improvements and purchase of real estate, to include the construction or renovation of facilities.
- Purchase of any item or service that may be used outside of the training project.
- Any training-related expenses incurred before project approval or beyond the ending date of the agreement.
- Any training currently being offered by the employer.
- Business-related expenses. This includes training that is required for the business to legally operate such as Occupational Safety and Health Administration (OSHA) training.
- Training in sectarian activities.
- Training costs associated with professional fields in which continuous education is necessary to retain professional certification, such as Certified Public Accountants, degreed medical professionals, insurance providers, attorneys, etc.
- Training which would result in advanced degrees such as bachelor, master, or doctorate.
- Any costs not approved in the final subrecipient agreement.

■ **BUSINESS COMMITMENTS (IF FUNDS ARE AWARDED) INCLUDE:**

- Coordinating with the local Alabama Career Center to ensure completion of all WIOA enrollment requirements to enroll all employees who will receive training. Enrollments must be completed prior to employees participating in training. Social security numbers for all employees (who are to receive training) are a required part of the enrollment process. Companies whose employees do not wish to provide this information should not apply for IWTP funds.
  - ✓ Employees, including union-represented employees, need to be made aware of the data collection requirements prior to a company's submission of an application request.

- Participation in possible program assessments by the Workforce Development Division to evaluate the outcomes as outlined in the application and subrecipient agreement.
- Entering into a written agreement with the Alabama Department of Commerce/Workforce Development Division, which commits the business to complete the training project as approved in the subrecipient agreement.
- Requesting in writing, and receiving approval from the Alabama Department of Commerce/Workforce Development Division, modifications to the approved training activities prior to implementing changes. No increase in funds can be approved after the subrecipient agreement is fully executed by all parties.
- Maintaining accurate records of the project's implementation process and certifying that all information provided for reimbursement requests and training activities is accurately reported to the Alabama Department of Commerce/Workforce Development Division.
- Submitting reimbursement requests with required support documentation, including evidence that the employer has paid the training expenses in accordance with the terms of the agreement prior to requesting reimbursement of allowable training costs.
- Submitting the final reimbursement request forms within 30 days of the end of the agreement or the end of the formal training, whichever is the earliest ending date of program activity.
- Submitting a certified copy of all final employer (non-Federal) expenditures by expenditure category as noted in the Non-Federal Employer Contribution in the approved budget related to the training project with the final reimbursement request referenced above.
- Notifying the Workforce Development Division when all training activities have been completed by the trainer.

■ **PARTICIPANT (INCUMBENT WORKER TRAINEE) REQUIREMENTS INCLUDE:**

- Employment in a full-time position with the Alabama location of the company for which the training is being provided at least six continuous months prior to training. (Co-op employees, apprentices working part-time, interns, and individuals with less than a six month continuous work history with the employer may be considered for program participation on a case-by-case basis.)
- Employees must agree to cooperate with data collection requirements to participate in the IWTP.
- Labor unions must endorse the training and data collection requirements for employees represented by labor unions prior to receiving funding approval and documentation of such endorsement must accompany the IWTP application.

■ **TRAINING PROGRAM ASSESSMENT:**

- Reviews will help to gauge the progress of the training and will also serve to address any concerns, which may have occurred since the origination of the training program. *(Confidentiality Notice: No proprietary or individually identifiable information will be shared publicly without prior written permission from the business.)* The program reviews will also help to demonstrate training results in relation to expected outcomes identified by the company on the initial application. The reviews will include the following:

- ✓ Business growth or expansion as a result of the training,
- ✓ Productivity and efficiency improvements as a result of the training,
- ✓ Improved turnover to include layoff aversion and wage status of employees as a result of the training,
- ✓ Description of how the training has allowed the use of new technology to improve current production practices, if applicable, and
- ✓ Use of federal funds and employer matching contributions relevant to the outcomes achieved from the newly acquired skills obtained from the training activities.
- Training outcomes (program performance) for each participant will be recorded for federal training statistics. *Confidentiality Notice: No personally identifiable information (social security numbers, home addresses, etc.) will be shared publicly.* Relevant information collected will be used to determine if the participants have completed their training activities. This information will be used for statistical purposes only.

#### ■ AVAILABILITY OF PROJECT APPLICATIONS AND GUIDELINES:

The Workforce Development Division will use the resources available through the Alabama Department of Commerce to publicize the availability of the funds. The standard project application and guidelines are available at <https://wioa-alabama.org/incumbent-training/>. Additionally, these documents are available from the local Alabama Career Centers.

### FREQUENTLY ASKED QUESTIONS & ANSWERS

#### ➤What is the Incumbent Worker Training Program?

Funded by the U.S. Department of Labor (USDOL) and administered by the Workforce Development Division of the Alabama Department of Commerce, the Workforce Innovation and Opportunity Act (WIOA) Incumbent Worker Training Program (IWTP) is designed to provide funding assistance primarily to qualifying Alabama for-profit businesses to provide skills training to full-time, permanent company workers. The training must be a business necessity that will enhance companies' abilities to compete in global economies, expand present markets, and help ensure the permanency (layoff aversion) of businesses in Alabama. For the workers, the training will upgrade present work skills, heighten job security, provide marketable skills, and increase the possibilities for higher wages and promotional opportunities. The Workforce Development Division staff members administer, monitor, and evaluate the training program. They also provide fiscal and subrecipient agreement compliance assistance during the training process.

#### ➤What is Incumbent Worker Training?

Incumbent Worker Training (for purpose of the Workforce Innovation and Opportunity Act from which the funds are provided to states) is training designed to meet the special requirements of

an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment.

➤ **What Commitment is required of the employer?**

The training may be approved and conducted after a commitment by the employer to retain or avert the layoffs of the incumbent workers trained in the approved project.

➤ **What is an Incumbent Worker?**

An incumbent worker is an employee of the business, employed under the Fair Labor Standards Act. The WIOA requirement for an employer-employee relationship is the employee must have an established employment history with the employer for six months or more.

➤ **What kind of training can be funded by the WIOA Incumbent Worker Training Program?**

Training can include, but is not limited to, industry or company-specific work skills, basic job skills, technical computer skills, new manufacturing technologies, equipment operation training, changes in production processes, and “soft skills”, such as leadership, teamwork, communication, and management skills. The Workforce Development Division does not maintain a list of approved training providers for the WIOA IWTP. Companies will select the type(s) of training and training provider(s) that meet their business and training requirements before submitting an application for consideration.

- Please note. Because of high demand and limited funds for the program, funding of training projects that provide the greatest potential for impacting the company’s competitiveness and employee retention (layoff aversion) will receive the highest consideration. Priority of funding will additionally be given to in demand skills training including training focused on Healthcare, Advanced Manufacturing, Construction, Transportation & Logistics, and Information Technology.

➤ **Which companies are eligible to apply?**

For-profit companies that have been in business in Alabama for a minimum of two (2) consecutive years immediately prior to submitting an application are eligible to apply. Applying companies must also have at least one full-time, permanent worker (other than the owner), be financially viable, and be current on all state and federal tax obligations. Applications from non-profit and governmental organizations in operation in Alabama for a minimum of two (2) consecutive years immediately prior to application will also be accepted and considered on a case-by-case basis.

➤ **What information is required for the “Employer Contribution” portion of the program budget?**

The company must identify, in their WIOA IWTP application, its contribution (company match) to the training program. The company contributions must equal:

- At least 25 percent of the cost, for employers with 50 or fewer employees;
- At least 50 percent of the cost, for employers with 51 to 100 employees;
- 100 percent of the cost, for employers with more than 100 employees.

Company contributions may be comprised of trainee wages and benefits paid during the training period, equipment purchased for training, training materials and supplies, training curriculum development expenses, and travel and lodging costs. Documentation of matching expenditures must be provided by employers with certain funding sources, which will be clarified as appropriate in the individual IWTP sub-recipient agreements.

➤ **What information will the company need to maintain for the Training Program Assessment reviews?**

Once training begins, the company should maintain adequate records of the costs associated with the training, information about the training provider, a detailed description of training, and benefits the training activities have provided to the company and to the employees. This information will be used to document the impact the training has had on morale, retention, wages, promotions, efficiency, and profit improvements. A Workforce Development Division employee may meet (or work via telephone and e-mail) with the company's contact person to review and evaluate the training program outcomes.

➤ **What does "performance-based" mean?**

A company is awarded training funds to provide skills training to an agreed-upon number of workers. If the company does not train the agreed-upon number of workers by the end of the agreement period, the final reimbursement may be pro-rated to bring the total project costs in line with the actual number of trained employees. If the company provides training to less than the planned number of employees or the projected training is not completed, then the cost of the training may be pro-rated. Therefore, employers should be "realistic" in the completion of the IWTP application to include the number of planned employees to be trained in the project.

➤ **What training costs will not be reimbursed under the WIOA Incumbent Worker Training Program?**

Program funding cannot be used to pay for trainees' wages and benefits during the training, travel expenses, training equipment, administrative costs, catering of training events, and costs outside the subrecipient agreement (grant) period (effective beginning and ending dates of the subrecipient agreement). However, these types of training expenses, incurred within the approved agreement period, may be included as part of the "Employer Contribution" to the project.

➤ **What if an employee that has been determined ineligible by WIOA regulations is trained?**

Any costs associated with participants deemed ineligible by WIOA regulations will not be reimbursed. Whether the trainer charges a flat fee or a per participant fee, the invoice will be pro-rated to exclude ineligible participants.

➤ **What training costs can be reimbursed under the WIOA Incumbent Worker Training Program?**

Training expenses may include non-company professional instructors' fees, trainee(s') tuition, required textbooks, manuals, curriculum development, and required expendable training supplies and materials. Necessary computer software or online

training that is used 100% for training purposes only, may also be considered for reimbursement.

➤ **How should the budget reflect the proposed training costs and the employer contributions?**

Funds requested for training and related costs should be listed in the Funds Requested column. Instruction Fees/Tuition, Curriculum Development Fees, and Material/Supplies/Textbooks may be reimbursed through the IWT Program. Other costs may also be considered such as testing and licensing fees for employees to earn a credential related to the training provided.

The required employer contribution should be listed in the Employer Contribution column. Costs that are not eligible to be reimbursed under through the IWT Program such as food, travel, and wages can be included in the employer contribution. Other costs that are eligible for reimbursement may also be included to meet the minimum employer contribution if food, travel, and wages are not sufficient to meet the minimum contribution.

➤ **How are companies reimbursed for approved training expenses?**

The Workforce Development Division will provide approved companies with the required forms to complete for expense reimbursements. Companies should submit the reimbursement requests after the completion of each training module. Final expenses must be reported within thirty (30) days after training activities are complete or the agreement end date, whichever is the earliest end date of program activity. Additionally, in order to receive payment, the company must be registered in the State of Alabama Accounting and Resource System (STAARS) online vendor system, available at <https://vendors.alabama.gov>, and signed up for Electronic Funds Transfer (EFT).

➤ **What information is required for reimbursement of expenditures covered in the agreement?**

Before an invoice can be paid, all training participants' names, social security numbers, and other required data must be entered into the state's participant information system. It is the responsibility of the employer to coordinate employee enrollment with the local Alabama Career Center. If additional employees need to be added to training after the initial enrollment of employees, the employer must contact the Alabama Career Center. All employees who will be trained must be enrolled prior to participating in any training. The employer must also ensure the agreement of the trainees to provide the necessary information (social security numbers, etc.) to the local Alabama Career Center. (This is a federally-funded program and certain data is required for receipt of training services.) A submitted reimbursement form must include:

- ✓ Copy of paid trainer (college, private vendor, etc.) invoice. The invoice should include the date(s) and type(s) of training that was provided to the company.
- ✓ Copy of the check with which the invoice was paid or other financial documentation as evidence of payment.
- ✓ For each training session, a copy of the roster, which includes trainees' names and last four (4) digits of social security numbers, is required. The date(s) and type(s) of training should be noted on each roster. In addition, this roster should include the signature of the trainer or employer certifying that the listed employees did participate in the training.
- ✓ Documentation of matching expenditures (non-Federal share of training costs) such as payroll registers, copies of paid travel costs, etc. as required in Section 134 (d)(4)(D).



➤ **Where may the training take place?**

Training may be conducted at the business's own facility, at a public or private training provider's facility, or at a combination of sites that best meet the needs of the business.

➤ **Who selects the training providers?**

The company selects the (outside) training provider that best suits their training needs. Trainers may be public or private professional trainers, equipment vendors, or subject matter experts.

➤ **Who provides technical assistance?**

The Workforce Development Division staff and the local career center Business Services Representatives are available to provide technical assistance throughout the training project – from the application stage through project completion.

➤ **What happens after a training project is approved for funding?**

Written notification of funding assistance approval will be provided to the company. The Workforce Development Division staff will send a letter of notification (Governor's award letter) and a written agreement to the company. The company representative(s) must review the written agreement and return the signed copies, as instructed, to the Workforce Development Division before the training can begin.

➤ **What is the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Protection Act)?**

The Protection Act is an anti-illegal immigration bill, signed into law in the State of Alabama in June 2011. The portion of the law pertaining to the IWTP imposes conditions of the award of state contracts, which must be satisfied before payment can be made on those transactions. As a condition for the award of any contract, the business entity shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien and shall attest to such, by completing and signing the Certificate of Compliance Form, which is included as part of the IWT Program Application. Additionally, conditions of the contract for a business entity also require the entity to be enrolled in the E-Verify program maintained by the United States Department of Homeland Security. The Certificate of Compliance Form may be located within the IWTP page at <https://wioa-alabama.org/incumbent-worker/> ; the E-Verify program website is located at <http://www.dhs.gov/e-verify>.

**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](http://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](http://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](http://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](mailto: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](mailto:IWTP@commerce.alabama.gov).

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



### **Required Attachments to Accompany the IWT Program Application**

- State of Alabama Disclosure Statement
- Request for Taxpayer Identification Number and Certification (Form W-9)
- Certificate of Compliance with the Beason-Hammon Alabama Taxpayer and Citizen Protection Act
- E-Verify Memorandum of Understanding (Electronically) Signed by the Department of Homeland Security
- Copy of Workers Compensation Policy

*Note: The Employer Identification Number (EIN) on the W-9 must be the same EIN as on the E-Verify MOU. Also, the company name on the W-9 must be the same name as on the E-Verify MOU.*

### **Required Registrations to Accompany the IWT Program Application**

- Must be registered with the Alabama Secretary of State
- Must be registered in the State of Alabama's vendor system STAARS, and signed up for Electronic Transfer Funds (EFT) payments



# State of Alabama Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Department of Commerce

ADDRESS

401 Adams Avenue

CITY, STATE, ZIP

TELEPHONE NUMBER

Montgomery, Alabama 36104

(334) 353-1632

This form is provided with:

☐

Contract

☐

Proposal

☐

Request for Proposal

☐

Invitation to Bid

☒

Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

☐

Yes

☒

No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
-------------------------	------------------------	-----------------

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

☐

Yes

☒

No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
-------------------------	--------------------	-----------------

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
----------------------------------	---------	-------------------------

None

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
-----------------------	---------	---	--

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
----------------------------------	---------

***By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.***

Signature	Date
-----------	------

Notary's Signature	Date	Date Notary Expires
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Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

## **Vendor Disclosure Statement Information and Instructions**

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000. The disclosure statement is not required for contracts for gas, water, and electric services where no competition exists, or where rates are fixed by law or ordinance. In circumstances where a contract is awarded by competitive bid, the disclosure statement shall be required only from the person receiving the contract and shall be submitted within ten (10) days of the award.

A copy of the disclosure statement shall be filed with the awarding entity and the Department of Examiners of Public Accounts and if it pertains to a state contract, a copy shall be submitted to the Contract Review Permanent Legislative Oversight Committee. The address for the Department of Examiners of Public Accounts is as follows: 50 N. Ripley Street, Room 3201, Montgomery, Alabama 36130-2101. If the disclosure statement is filed with a contract, the awarding entity should include a copy with the contract when it is presented to the Contract Review Permanent Legislative Oversight Committee.

The State of Alabama shall not enter into any contract or appropriate any public funds with any person who refuses to provide information required by Act 2001-955.

Pursuant to Act 2001-955, any person who knowingly provides misleading or incorrect information on the disclosure statement shall be subject to a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00. Also, the contract or grant shall be voidable by the awarding entity.

### **Definitions as Provided in Act 2001-955**

**Family Member of a Public Employee** - The spouse or a dependent of the public employee.

**Family Member of a Public Official** - The spouse, a dependent, an adult child and his or her spouse, a parent, a spouse's parents, a sibling and his or her spouse, of the public official.

**Family Relationship** - A person has a family relationship with a public official or public employee if the person is a family member of the public official or public employee.

**Person** - An individual, firm, partnership, association, joint venture, cooperative, or corporation, or any other group or combination acting in concert.

**Public Official and Public Employee** - These terms shall have the same meanings ascribed to them in Sections 36-25-1(23) and 36-25-1(24), Code of Alabama 1975, (see below) except for the purposes of the disclosure requirements of this act, the terms shall only include persons in a position to influence the awarding of a grant or contract who are affiliated with the awarding entity. Notwithstanding the foregoing, these terms shall also include the Governor, Lieutenant Governor, members of the cabinet of the Governor, and members of the Legislature.

Section 36-25-1(23), Code of Alabama 1975, defines a public employee as any person employed at the state, county or municipal level of government or their instrumentalities, including governmental corporations and authorities, but excluding employees of hospitals or other health care corporations including contract employees of those hospitals or other health care corporations, who is paid in whole or in part from state, county, or municipal funds. For purposes of this chapter, a public employee does not include a person employed on a part-time basis whose employment is limited to providing professional services other than lobbying, the compensation for which constitutes less than 50 percent of the part-time employee's income.

Section 36-25-1(24), Code of Alabama 1975, defines a public official as any person elected to public office, whether or not that person has taken office, by the vote of the people at state, county, or municipal level of government or their instrumentalities, including governmental corporations, and any person appointed to a position at the state, county, or municipal level of government or their instrumentalities, including governmental corporations. For purposes of this chapter, a public official includes the chairs and vice-chairs or the equivalent offices of each state political party as defined in Section 17-16-2, Code of Alabama 1975.

### **Instructions**

Complete all lines as indicated. If an item does not apply, denote N/A (not applicable). If you cannot include required information in the space provided, attach additional sheets as necessary.

The form must be signed, dated, and notarized prior to submission.

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**Caution:** If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

**By signing the filled-out form, you:**

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding.** Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under “*By signing the filled-out form*” above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

## What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note for ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

### Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

### Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

**Note:** A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

### Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).



- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5. <sup>2</sup>
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

<sup>1</sup> See Form 1099-MISC, Miscellaneous Information, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/EIN](http://www.irs.gov/EIN). Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

\* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

\*\* For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Go to [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

State of Alabama )  
County of \_\_\_\_\_ )

CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535, as amended by Act 2012-491)

DATE: \_\_\_\_\_

RE: Contract/Grant/Incentive *(describe by number or subject)*:

Incumbent Worker Training Program Grant by and between  
Company Name (Contractor/Grantee) and  
Alabama Department of Commerce (State Agency, Department, or Public Entity)

The undersigned hereby certifies to the State of Alabama as follows:

1. The undersigned holds the position of Name and Title of signatory with the Contractor/Grantee named above, and is authorized to provide representations set out in this Certificate as the official binding act of that entity, and has knowledge of the provisions of THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (ACT 2011-535 of the Alabama Legislature, as amended by Act 2012-491) which is described herein as "the Act".

2. Using the following definitions from Section 3 of the Act, select and initial either (a) or (b), below, to describe the Contractor/Grantee's business structure.

**BUSINESS ENTITY**

Any person or group of persons employing one or more persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood, whether for profit or not for profit. "Business Entity" shall include, but not be limited to the following:

a. Self-employed individuals, business entities filing articles of incorporation, partnerships, limited partnerships, limited liability companies, foreign corporations, foreign limited partnerships, foreign limited liability companies authorized to transact business in this state, business trusts, and any business entity that registers with the Secretary of State.

b. Any business entity that possesses a business license, permit, certificate, approval, registration, charter, or similar form of authorization issued by the state, any business entity that is exempt by law from obtaining such a business license, and any business entity that is operating unlawfully without a business license.

**EMPLOYER**

Any person, firm, corporation, partnership, joint stock association, agent, manager, representative, foreman, or other person having control or custody of any employment, place of employment, or of any employee, including any person or entity employing any person for hire within the State of Alabama, including a public employer. This term shall not include the occupant of a household contracting with another person to perform casual domestic labor within the household.

✓ (a) The Contractor/Grantee is a business entity or employer as those terms are defined in Section 3 of the Act.  
\_\_\_\_\_ (b) The Contractor/Grantee is not a business entity or employer as those terms are defined in Section 3 of the Act.

3. As of the date of this Certificate, Contractor/Grantee does not knowingly employ an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama;

4. Contractor/Grantee is enrolled in E-Verify unless it is not eligible to enroll because of the rules of that program or other factors beyond its control.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Company Name  
Name of Contractor/Grantee/Recipient

By: \_\_\_\_\_

Its Title of signatory

The above Certification was signed in my presence by the person whose name appears above, on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness

Company ID Number:

**THE E-VERIFY  
MEMORANDUM OF UNDERSTANDING  
FOR EMPLOYERS**

**ARTICLE I  
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II  
RESPONSIBILITIES**

**A. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
  - a. Notice of E-Verify Participation
  - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/14/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUC	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No.):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: N/A	NAIC #
	INSURER B: N/A	N/A
	INSURER C: Starr Specialty Insurance Company	16109
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CLE-007217132-01 REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> Hired AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			100 0005632	01/01/2024	01/01/2025	X PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

## Secretary of State

[Home](#) > [Government Records](#) > Business Entity Records

# Business Entity Records

**WARNING:**

The Secretary of State's Office has recently received complaints regarding potentially fraudulent business filings made with our office. The Alabama Secretary of State's Office is not authorized under the law to investigate business fraud or provide legal advice to private citizens or businesses. To report business fraud, please click [here](#).

## Government Records Inquiry System

Welcome to the Secretary of State's Government Records Inquiry System. This facility provides you easy access to public information maintained by the Secretary of State's office in electronic format. If you are searching for certain corporation records from 1949-2010, please visit <https://www.archives.alabama.gov>.

Notice: We have switched from a 6 digit to a 9 digit Entity ID format. There is no action for you to take, but you may notice 3 leading 0's added to your number.

## Business Entity Search Options

[Entity Name](#)  
[Entity Number](#)  
[Officer | Agent | Incorporator](#)  
[Reservation | Registration by ID](#)

### Government Records

- Code of Alabama
- Constitution (1901)
- Proposed Constitutional Amendments
- Legislative Acts
- Administrative Code
  - Proposed Rules
- Records Disposition Authority
- Campaign Finance Records
- Notary Public Records
- Civil Law Notary Records
- Business Entity Records
- UCC Records
- Land Records
- Trademark Records
- Athlete Agents Search
- City-County Lookup

[www.sos.alabama.gov](https://www.sos.alabama.gov)



## STAARS Registration

STAARS Vendor Self Service (VSS) allows vendors to register an account to do business with the State of Alabama, subscribe to bid notifications, and view financial transactions online. For information on how to register, subscribe, and use VSS, click [How to Use VSS](#) at the top of the page.

The State of Alabama will only accept bids from subscribed vendors with an active VSS account. However, you may view business opportunities and awards from the State without a VSS account, using the **Public Access** button on the left.

For best results, use Mozilla Firefox or Internet Explorer (v9+) with pop-up blockers disabled.

**STAARS** [alabama.gov](#) [Division of Purchasing](#) [Comptroller's Office](#) [Pay Subscription Fee](#) [How to Use VSS](#) [FAQ](#)

**Welcome to Alabama's Vendor Self Service**

**Announcements**

06/28/2021  
EFFECTIVE June 28, 2021

Alabama's E Procurement System, Alabama Buys is now live and can be accessed at [AlabamaBuys.gov](#). All vendors doing business through the Dept. of Finance Division of Purchasing should access [AlabamaBuys.gov](#).

Note that Agencies are being migrated to Alabama Buys in waves with all agencies converting to Alabama Buys effective October 1, 2021. Until this date, you will need to continue checking the STAARS VSS portal for RFB's issued for agencies who have not gone live with Alabama Buys.

[View All Announcements](#)

**Contacts**

Click on link below to view the list of department contacts.

[Department Contacts](#)

**Forms**

Click on a form below to either save it to your desktop or open it in Adobe.

[RFI-OPEN Form](#)


[Access forms](#)

**Additional Downloads**

Need help selecting commodity codes? View the form below to maximize your opportunity!

[Commodity Codes](#)

**Left Sidebar:**

**STAARS** 

**\*\* - Required**

\* User ID

\* Password

[Password Reset](#)

Click the Register button to register a new or existing account.

**Right Sidebar:**

[Help](#) [Contact Us](#)  
[Privacy Report](#)

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<https://procurement.staars.alabama.gov>



# ALABAMA WORKFORCE DEVELOPMENT

## CUSTOMER INFORMATION



TO DETERMINE WHAT SERVICES MAY BE APPROPRIATE, PLEASE PROVIDE THE FOLLOWING INFORMATION

Application Date		Agency Name		Employment Representative Name	
Social Security Number		Name: First, Middle Initial, Last			
Address		City		State	
Zip Code	County of Residence	Area Code	Telephone Number		
Message Telephone Number		Cellular Telephone Number		E-mail Address	
Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	United States Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eligible Non-Citizen		Selective Service <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Ethnicity/Race <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Does not declare a race <input type="checkbox"/> Hawaiian Native/Pacific Islander					
(Circle) Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12	High School Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No	Completion Certificate w/ a disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification or Degree <input type="checkbox"/> Some College <input type="checkbox"/> Tech. or Voc. Cert <input type="checkbox"/> AA/AS <input type="checkbox"/> BS/BA <input type="checkbox"/> MA	
Attending College <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Years	Name of High School or College		Curriculum	GPA
Primary Language	Limited English <input type="checkbox"/> Yes <input type="checkbox"/> No	Declaration of Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Category of Disability <input type="checkbox"/> Physical/Chronic Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Vision related <input type="checkbox"/> Hearing related <input type="checkbox"/> Mental Disability <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Participant did not disclose type		
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Campaign Related <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran <input type="checkbox"/> Yes <input type="checkbox"/> Yes Sp. <input type="checkbox"/> No	Branch	Date Enlisted	Separation Date
Transitional Service <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Single Parent		Are you the Spouse or the Surviving Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Received any Veteran Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<del>List all Household Members: Use additional sheets if necessary</del>					
<del>Relationship</del>		<del>Age</del>	<del>Gender</del>	<del>Amount</del>	<del>Income Source (last 6 months)</del>
<del>Self</del>					
<del>NOT REQUIRED FOR IWT</del>					
Total Dependents in Household: _____			Total Household Income: _____		
Do you receive:					
Public Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which: <input type="checkbox"/> TANF <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> SNAP Benefits <input type="checkbox"/> SSI			Unemployment Compensation <input type="checkbox"/> Claimant <input type="checkbox"/> Exhaustee <input type="checkbox"/> None	
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Drop Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant or Parenting <input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant or Seasonal Farm Worker <input type="checkbox"/> Yes <input type="checkbox"/> No	
Justice System: Have you been subject to juvenile or adult justice system (as defined by USDOL) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Both					



Work History (List Last Three) Employer Name:	Start Date	End Date	Reason Job Ended	Job Title and Job Duties Performed	Wage per hour	Hours per Week

When are you available for work? \_\_\_\_\_ What salary do you require? \_\_\_\_\_

What work tasks do you enjoy? \_\_\_\_\_

What tools/equipment can you operate? \_\_\_\_\_

What is your Employment Goal? \_\_\_\_\_

How can we help you reach this goal? \_\_\_\_\_

What geographical area are you looking for employment? \_\_\_\_\_

Are you willing to travel or relocate? \_\_\_\_\_ If yes, how far: \_\_\_\_\_

Are you seeking full or part time employment? \_\_\_\_\_ Are you willing to work night shifts and weekends: \_\_\_\_\_

Do you have your own mode of transportation or do you rely on public transportation? \_\_\_\_\_

Do you need information on the following: ☐ Day Care ☐ Housing ☐ Clothing ☐ Transportation ☐ Food ☐ Other: \_\_\_\_\_

Pell Grant/Student Loan/FASFA: ☐ Applied for a PELL GRANT ☐ Not eligible for a PELL GRANT ☐ Currently receiving a PELL GRANT

☐ Need information on applying for FASFA ☐ Receiving Student Loan ☐ Repaying Student Loan ☐ Student Loan in Default: \_\_\_\_\_

☐ I have been enrolled in a Federal or State Employment Program (i.e. WIA, WIOA, AIDT, etc) When: \_\_\_\_\_

Explain: \_\_\_\_\_

**CERTIFICATION:** I attest that the information stated above is true and accurate and understand that the above information, if misrepresented or incomplete, may be grounds for penalties as specified by law. I grant permission for any information on this form to be verified for eligibility determination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### YOUTH ONLY (For Staff Use Only)

##### Out of School Youth Barriers (16-24) Check all that apply

☐ School Dropout ☐ Within age of compulsory school attendance ☐ H.S Grad/GED/Low Income & BSD or Eng. Learner ☐ Offender  
☐ Homeless or Runaway ☐ Foster Care ☐ Pregnant/Parenting ☐ Disability ☐ Low-income who needs additional assistance

##### In-School Youth Barriers (14-21) Check all that apply

☐ Basic skills deficient ☐ English language learner ☐ Offender ☐ Homeless or Runaway  
☐ Foster Care ☐ Pregnant/Parenting ☐ Disability ☐ Low-income who needs additional assistance

#### Eligibility (For Staff Use Only)

200% of poverty line <input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker Category:	Dislocation date: _____	National Emergency Grant
	<input type="checkbox"/> Terminated or laid off, eligible for UI & unlikely to return to industry	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Dislocation due to disaster
	<input type="checkbox"/> Terminated or laid off from permanent or substantial closing	<input type="checkbox"/> Self-Displaced Homemaker	<input type="checkbox"/> Long-term Unemployed
	<input type="checkbox"/> Spouse of Armed Forces who lost employment due to duty station or un/under employment		<input type="checkbox"/> Dislocated Worker

Reviewed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Skills Assessment/Review: [www.careerinfo.net/org/skills](http://www.careerinfo.net/org/skills) [www.myskillsmyfuture.org](http://www.myskillsmyfuture.org) [www.mynextmove.org](http://www.mynextmove.org)

# **Customer Agreement Form for WIOA Services**

## **Drug-Free Workplace**

The Workforce Innovation and Opportunity Act (WIOA) public law states all grant recipients and subrecipients must comply with the government-wide requirements for a drug-free workplace in accordance with the Drug-Free Workplace Act of 1988 (683.200(d)).

Participants receiving WIOA training and employment assistance are expected to abide by training facility and workplace policies.

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## **WIOA Post-Employment and Follow-Up Services**

Career Center staff are committed to helping you during your participation in WIOA and afterwards on an as needed basis with career guidance and counseling, and referrals for other support. After your WIOA services are completed, Career Center staff will “follow-up” with you periodically by phone or email to see if you are working or if you need additional assistance to find a job or find a better job. If WIOA paid for your training and you have a new career and things are going well, please tell us! If we can report your success, it helps us to assist more people.

Be sure to contact your case manager by phone or email if you move, your phone number changes, or your employment status changes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WORKFORCE INNOVATION AND OPPORTUNITY ACT**  
**PARTICIPANT INFORMATION RELEASE FORM**

---

I, the undersigned, do hereby authorize the Alabama Career Center System staff and any training facility attended to release any information regarding my test scores, grades, progress, or other pertinent information for the purpose of Workforce Innovation and Opportunity Act reporting requirements.

---

**Participant Signature**

**Date**

---

**Print Name**

I understand a member of my household is applying for WIOA program assistance and I hereby agree to the provision above.

---

**Parent / Legal Guardian Signature**  
**(When applicant is under 19 years of age)**

**Date**

---

**Witness Signature**

**Date**

# **ALABAMA DEPARTMENT OF COMMERCE WORKFORCE DEVELOPMENT DIVISION**

## **WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) GRIEVANCE AND COMPLAINT PROCEDURES**

The Workforce Innovation and Opportunity Act (WIOA) is a federal law that provides for state programs, services, and activities to increase job opportunities, the length of time people stay in jobs, and the amount of money working people earn. The Alabama Department of Commerce (ADC), Workforce Development Division (WDD), receives money from the U.S. Department of Labor to provide WIOA programs, services, and activities. The ADC/WDD is a partner in the Alabama Workforce Development System and in the Alabama Career Centers located throughout the Governor's Local Workforce Development Areas, except the Career Centers in Southwest Alabama Partnership for Training & Employment local workforce development areas.

### **Who may use these grievance and complaint procedures?**

These grievance and complaint procedures apply to WIOA programs, services, and activities in the Governor's Local Workforce Area and Statewide programs, services, and activities run or paid for directly by the ADC/WDD. The procedures may be used by any person who believes the Workforce Innovation and Opportunity Act, or any rules or agreements under the WIOA, have been violated (not obeyed) in any ADC/WDD WIOA program or activity.

### **How much time do I have to file a grievance or complaint?**

Discrimination complaints must be filed within 180 days (within about six months) of the date you believe the discrimination happened. Other WIOA grievances and complaints about programs and activities must be filed within one (1) year of the date you believe a violation happened.

### **How do I file a grievance or complaint?**

If your complaint is about a WIOA program or activity, but you are not claiming discrimination, first discuss the grievance or complaint with your supervisor, a counselor at a training location, a human resources or personnel manager where you work, or a person who is responsible for helping people with complaints in the Career Center where you received services to try to settle the complaint locally. If your complaint is not settled in a way that satisfies you within ten (10) days, you may send a written complaint within five (5) days (after the 10 days are over) to Ms. Lillian Patterson, Equal Opportunity/Grievance Officer; Alabama Department of Commerce; Workforce Development Division; 401 Adams Avenue; PO Box 304103; Montgomery, Alabama 36130-4103. Include your name, address, telephone number, and the name and address of the person(s) you believe did something wrong.

An investigation may be conducted, a hearing may be held, or other action may be taken by the WDD to settle the complaint within sixty (60) days. If you are complaining about a program or activity of the Alabama Workforce Development Area and you do not get a decision about your complaint within sixty (60) days, or if you are not satisfied with the decision, you may appeal by writing to Ms. Tammy Wilkinson, Director, at the same address as the Equal Opportunity/Grievance Officer (see above) within ten (10) days after you either get the decision or should have gotten the decision.

If you are complaining of labor standards violations (e.g., An employer disobeyed a law or rule about working conditions, wages and benefits, health and safety standards), and you and the employer you are complaining about are covered by a collective bargaining agreement (i.e., an agreement between an employer and a union about wage rates, hours of labor and working conditions), you may choose to file your grievance through what is called a *binding arbitration procedure*. Contact your supervisor, personnel manager, or union representative for information about whether this applies to you and the steps you should follow.

**(Over)**

### Equal Opportunity is the Law

It is against the law for the Alabama Department of Commerce (ADC), Workforce Development Division (WDD), or any person, agency, organization, employer, or training provider who/that receives WIOA money from the ADC/WDD to discriminate against any person in the United States on the basis of race, color, religion, sex, national origin, age, disability, political relationship or belief; and against any person who benefits from a WIOA program because of the person's citizenship, because the person is a legal immigrant, or because the person is a WIOA participant.

The ADC/WDD and agencies, organizations, employers, and training providers that receive WIOA money must not discriminate in any of the following ways:

- Deciding who will be admitted or have access to a WIOA program or activity;
- Providing opportunities or treatment in a WIOA program or activity; or
- Making employment (job) decisions related to a WIOA program or activity.

If you think someone discriminated against you because of your race, color, religion, sex, national origin, age, disability, political relationships or beliefs; or, if you are a WIOA participant and you think someone discriminated against you because of your citizenship, because you are a legal immigrant, or because you participate in a WIOA program, you may file a complaint within 180 days of the date you think the discrimination happened with either Ms. Lillian Patterson, Equal Opportunity/Grievance Officer, at the same address given above or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, D.C. 20210.

If you file your complaint with the Equal Opportunity/Grievance Officer at the ADC/WDD, you must wait either until the ADC/WDD issues a written *Notice of Final Action*, or until 90 days have passed (whichever comes first) before filing with the Civil Rights Center (see address above).

If the ADC/WDD does not give you a written *Notice of Final Action* within 90 days after you file your complaint, you do not have to wait for the ADC/WDD to issue the *Notice* before filing a complaint with the CRC. But you must file your CRC complaint within 30 days after the 90-day deadline (in other words, within 120 days after the day you filed your complaint with the ADC/WDD).

If the ADC/WDD gives you a written *Notice of Final Action* on your complaint, but you are dissatisfied with the decision or result, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date you received the *Notice of Final Action*.

Grievance and complaint procedures were explained to me

by \_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Registrant's/ Participant's Signature