

# State of North Carolina

## INCUMBENT WORKFORCE DEVELOPMENT PROGRAM



### GUIDELINES and APPLICATION Program Year July 1, 2010 - June 30, 2011



NORTH CAROLINA  
*the state of minds*

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# NORTH CAROLINA INCUMBENT WORKFORCE DEVELOPMENT PROGRAM GUIDELINES

## KEY POINTS:

- The purpose of the Incumbent Workforce Development Program (IWDP) is to support training that results in either:
  1. Lay-off aversion through skill attainment for employees, or
  2. Lay-off aversion through process improvement that contributes to the competitiveness and productivity of a business.
- North Carolina for-profit and not-for-profit businesses that have been in operation for a minimum of one year prior to the application date, are current on all federal and state tax obligations, and are financially viable are eligible to apply.
- IWDP funds are limited, and are therefore awarded on a competitive basis. Beginning July 1, 2008, the maximum amount is \$25,000 per grant, with a lifetime funding limit of \$40,000.
- The IWDP is cooperatively administered through the state's Local Workforce Development Boards (LWDB) and the North Carolina Department of Commerce's Division of Workforce Development (Division). Applications are submitted directly to a LWDB. A LWDB may request additional information or establish supplemental provisions and requirements for the training projects.
- |   |  |
|---|--|
| <b><i>State Submission Deadline</i></b> | <b><i>Grant Award Announcement</i></b> |
| September 30, 2010                      | November 5, 2010                       |
| January 31, 2011                        | March 4, 2011                          |
| May 31, 2011                            | July 6, 2011                           |

For each funding cycle, each LWDB will set its own due date so that the state submission deadline can be met.

- Only complete IWDP applications will be considered for this competitive grant process.

Please see the information below for more details and the grant application.

## FREQUENTLY ASKED QUESTIONS

### WHAT IS THE PURPOSE OF THE NORTH CAROLINA INCUMBENT WORKFORCE DEVELOPMENT PROGRAM?

The purpose of the Incumbent Workforce Development Program (IWDP) is to support training that results in either:

- Lay-off aversion through skill attainment for employees, or
- Lay-off aversion through process improvement that contributes to the competitiveness and productivity of a business.

### WHAT IS AN INCUMBENT WORKER?

An incumbent worker is:

- A paid employee of the applicant business, or a person working for the business as a staffing agency employee;

- At least 18 years of age; and
- A citizen of the United States or a non-citizen whose status permits employment in the United States.

For the purpose of these funds, any incumbent worker to be trained must be working at a facility located in North Carolina or working for a staffing agency and placed at the North Carolina facility.

### **WHAT IS LAY-OFF AVERSION?**

A layoff is averted when: 1) a worker's job is saved with an existing employer that is at risk of downsizing or closing; or 2) a worker at risk of dislocation transitions to a different job with the same employer or a new job with a different employer and experiences no or a minimal spell of unemployment.

### **WHAT IS SKILL ATTAINMENT?**

Skill attainment refers to incumbent worker training that develops skills that directly benefit the workers receiving the training and results in:

- Participants qualifying for a job with changing skill requirements, or for higher paying jobs with their existing employer or other companies in the area;
- Participants obtaining the skills and knowledge to perform work that is at a higher level than their current positions; and
- Participants obtaining an industry-recognized certification or credential, or the training provides a significant step towards achieving such credentials that increase the workers' overall employability.

### **WHO IS ELIGIBLE TO APPLY?**

North Carolina for-profit and not-for-profit businesses that have been in operation for a minimum of one year prior to the application date, are current on all federal and state tax obligations, and are financially viable are eligible to apply.

### **WHAT IS A NOT-FOR-PROFIT BUSINESS?**

A not-for-profit entity is a legally constituted organization whose primary objective is to support or to actively engage in activities of public or private interest without any commercial or monetary profit purposes. For the purpose of this grant, it is further defined as having the following characteristics: 1) has paid employees (Volunteers are not eligible for training under this program.); 2) pays required wage taxes; and 3) generates income through the production of product or the provision of services.

### **WHO IS NOT ELIGIBLE TO APPLY?**

The following businesses are not eligible to apply for funds under this program:

- A business currently receiving training funds, either directly or indirectly, from North Carolina state government unless those training funds do not duplicate the training efforts outlined in the project application
- A business that has received funds either directly or indirectly from North Carolina state government under any previous training initiative, and the terms of the agreement for training have not been met
- A training provider
- A Workforce Development Board or its administrative entity
- A labor union
- A government entity
- A company that has already met its lifetime limit (\$50,000 for grants awarded prior to July 1, 2008, or \$40,000 for grants awarded after July 1, 2008), unless it is part of a collaborative grant application.

## **CAN A BUSINESS APPLY FOR AN IWDP GRANT IF IT IS ELIGIBLE FOR OTHER TYPES OF TRAINING RESOURCES, SUCH AS CUSTOMIZED TRAINING?**

In addition to the IWDP, the North Carolina Community College System provides funds through the Customized Training Program. Introduced in 2008, the Customized Training Program is an integration of two prior programs: The New and Expanding Industry Program (NEIT) and the Focused Industrial Training Program (FIT). To maximize resources, the business must demonstrate that it is not eligible for or has exhausted efforts to secure funding through this or other existing programs (examples: agreement on an acceptable training schedule timeline; availability of funds to meet training timeframe).

## **WHAT KINDS OF TRAINING CAN BE FUNDED BY THE IWDP?**

The following types of training can be funded:

- Occupational skills training designed to meet the special requirements of a business or a group of businesses and is conducted with employer commitment to continue to retain all trained individuals upon successful completion of the training
- Educational training including, but not limited to, workplace literacy, basic skills, soft skills, and English as a second language
- Training in strategies to improve efficiency of business operations

An applicant must demonstrate the effect of the proposed training on business operations and identify the transferable skills to be acquired by the employees.

Funds awarded for a project will be expended on training activities that take place only in North Carolina unless the Local Workforce Development Board approves for training outside the state. If consent is given, all other rules and regulations of the IWDP still apply. Costs associated with conferences will not be allowed.

## **WHAT IS THE MAXIMUM AMOUNT FOR WHICH A BUSINESS CAN APPLY?**

IWDP funds are limited, and are therefore awarded on a competitive basis. For the year beginning July 1, 2008, the maximum amount is \$25,000 per grant, with a lifetime funding limit of \$40,000. Businesses with locations in multiple areas of the state will be treated as a single company for the purposes of determining when the lifetime maximum has been met. The lifetime limit applies to the company, its parent company and subsidiaries. The business may apply for subsequent grants, based on the difference between the amount of a previous grant award(s) (not total expenditures of previous grants) and the lifetime funding limit of \$40,000.

## **WHAT IS THE LIFETIME LIMIT FOR THOSE WHO HAVE RECEIVED AN IWDP GRANT PRIOR TO JULY 1, 2008?**

Businesses that received IWDP funds prior to July 1, 2008 and have not reached the lifetime funding limit that was set at \$50,000 are grandfathered under the \$50,000 lifetime limit. Thus, the eligible amount for which they can apply is based on the difference of the prior grant award (not total expenditures of previous grants) and \$50,000.

If a company is awarded an Incumbent Worker grant but is unable to use **any** of the funds and forfeits the full grant amount, then that grant amount will not count against the total lifetime limit for that company.

## CAN A BUSINESS APPLY FOR A GRANT THAT WILL SERVE DIFFERENT, MULTIPLE BUSINESSES WITH COMMON TRAINING NEEDS?

Yes, businesses can partner and apply for a collaborative training grant. The businesses pursuing this approach must consult with their Local Workforce Development Boards (LWDB), who will help coordinate this type of application. The proposal for the common training must:

- Serve employees of at least two (2) different businesses, with one of those businesses designated as the Lead Applicant. A non business entity can apply on behalf of the businesses, but this non-business entity cannot be the training provider.
- Include information on each business that will be part of the training. The application has a specific section for this information.
- Include training descriptions and outcomes that address the employees from all businesses impacted by the proposed common training, and
- Be for a collective group of businesses of which *none* have ever received a collaborative training grant.

Attachment E (*Multiple Business Collaborative Form*) and Attachment F (*Lay-Off Aversion Attestation Form*) must be completed for each business that is part of the collaborative training application.

An application representing the training needs of **two (2) businesses** will be subject to the \$32,500 per grant funding limits previously set forth.

If **three (3) or more different businesses** apply for a collaborative training grant, then the funding request may be awarded for an amount up to \$40,000.

## HOW IS A BUSINESS' LIFETIME FUNDING LIMIT AFFECTED IF IT IS PART OF A COLLABORATIVE APPLICATION?

The amount of the award will be equally portioned among the businesses included in the application as follow:

- For a business that has *not received* an Incumbent Workforce Development Program (IWDP) grant(s) *prior to July 1, 2008*, its portion of a collaborative award will apply towards its lifetime funding limit of \$40,000.  
*Example:* Two businesses receive a collaborative training grant in the amount of \$20,000. These businesses have never received an IWDP grant; therefore, their lifetime funding limit is \$40,000 each. Each business will have \$10,000 credited towards its lifetime funding limit, leaving \$30,000 available for future IWDP grant(s) in which each business is the sole applicant.
- For a business that *has* received an IWDP award(s) *prior to July 1, 2008*, its portion of a collaborative grant award will *not* apply towards its lifetime funding limit of \$50,000. The business can still apply for its lifetime funding balance as a sole applicant.  
*Example:* Two businesses receive a collaborative training grant in the amount of \$20,000. Business A has benefited from the IWDP *prior to July 1, 2008*. In determining each business's equal portion of the grant amount, Business A is considered in the denominator, but its portion is not applied towards the amount remaining, if any, in its lifetime funding limit of \$50,000.

All other rules, regulations and guidelines of the Incumbent Workforce Development Program apply.

## **WHAT COSTS CAN BE REIMBURSED BY THE IWDP?**

See Attachment B for a list of allowable and non-allowable costs. Costs associated with the training that are not allowable can be included as part of the “Employer Contribution” column on the budget form.

## **WHAT OUTCOMES ARE EXPECTED FROM THE IWDP GRANT?**

When workers lack needed training and businesses experience skill gaps, the company’s ability to compete, expand, and retain workers can be compromised. North Carolina’s IWDP, funded by the federal Workforce Investment Act (WIA), addresses such needs. The specific outcomes of the training through the IWDP will avert lay-offs by providing skill attainment opportunities for employees, or avert lay-offs through contributing to the competitiveness and productivity of the company.

## **HOW IS THE IWDP ADMINISTERED?**

The IWDP is cooperatively administered through the state’s Local Workforce Development Boards (LWDB) and the North Carolina Department of Commerce’s Division of Workforce Development (Division). Within the framework established through the IWDP, a LWDB may request additional information or establish supplemental provisions and requirements for the training projects.

## **HOW DOES A BUSINESS SUBMIT AN APPLICATION?**

First the business must contact the Local Workforce Development Board (LWDB) that administers the Incumbent Workforce Development Training Program (IWDP) in its geographical area (see Attachment C). This contact allows the business and the LWDB the opportunity to review the guidelines and eligibility requirements, highlight restrictions, discuss training priorities, understand the cost reimbursement procedures and the application time schedule, and other procedures and expectations.

Program applications for North Carolina’s IWDP are available on the Department of Commerce web-site: <http://www.nccommerce.com/workforceservices/findinformationforemployers>. These documents are also available from LWDB offices.

## **HOW CAN A BUSINESS DETERMINE IF ITS PARENT COMPANY AND/OR SUBSIDIARIES HAVE RECEIVED AN IWDP GRANT?**

The business should work with its LWDB to determine this information. It may also view the following web site, which has a complete listing of all companies that have received an IWDP grant: <http://www.nccommerce.com/en/WorkforceServices/FindInformationForEmployers/IncumbentWorkerProgram>. The list is updated within forty-five (45) days from the announcement of awards for each round.

## **IS IT REQUIRED THAT THE APPLICANT USE THE APPLICATION FORM PROVIDED?**

Yes. The application is provided in a Word document. *All* information is to be provided *within* the form. The space will expand to accommodate the information. Please do not include trainer’s resumes or other excess information. Also, a trainer’s qualifications, course descriptions and objectives should be summarized within the form. Incomplete applications will not be considered for review.

All applicants are to complete Attachment A (*Project Abstract*) and Attachment F (*Lay-off Aversion Attestation Form*). If the application is for a collaborative grant, the companies included in the grant, but not the lead applicant, are to also complete Attachment E (*Multiple Business collaborative Form*) and Attachment F (*Lay-off Aversion Attestation Form*).



**IS AN ELECTRONIC SIGNATURE ACCEPTABLE?**

No. Electronic signatures will not be accepted. All sections requiring a signature must be original, handwritten signatures.

**WHAT TECHNICAL ASSISTANCE IS AVAILABLE TO ASSIST THE BUSINESS?**

The LWDB staff is available to provide technical assistance throughout the process.

**CAN AN ENTITY APPLY FOR TRAINING ON BEHALF OF THE BUSINESS (ES)?**

An individual or organization may apply for a grant on behalf of a business or group of businesses; however the individual/organization may not be compensated with grant funds.

**WHEN CAN A BUSINESS APPLY FOR AN IWDP GRANT?**

*State Submission Deadline*

September 30, 2010  
January 31, 2011  
May 31, 2011

*Grant Award Announcement*

November 5, 2010  
March 4, 2011  
July 6, 2011

The LWDB will inform the business of its advanced submission date and other requirements necessary in order to meet the State’s application submission deadlines.

**WHAT CRITERIA IS USED TO REVIEW AND FUND APPLICATIONS?**

The application must be reviewed by the Local Workforce Development Board (LWDB) to ensure that:

- The application is complete, with all information supplied,
- The proposed training is consistent with local economic and workforce priorities,
- The primary purpose of lay-off aversion is met,
- The training is restricted to skill attainment activities (unless the application is for process improvement training),
- The application clearly describes the training to be delivered, states the training objectives, and describes how the funds will be used to meet the objectives,
- Support is provided in the application that the training is needed and that other resources are not available to meet the need, and
- Any additional criteria required by the LWDB are submitted.

The LWDB then ranks the applications and submits them to the Division of Workforce Development (Division) for final review and selection. The number of awards approved per round is based on funding availability as determined by the Division.

**IS A BUSINESS GIVEN ANY SPECIAL CONSIDERATION?**

Yes.

- Ten (10) extra points are added to the score if the business is located in a Tier 1 county as specified by the NC Department of Commerce’s 2010 County Tier Designation (See Attachment D).
- Ten (10) extra points are added if the applicant (or lead applicant in a collaborative grant) has 100 employees or less.

## **HOW WILL I KNOW IF MY BUSINESS' APPLICATION IS APPROVED?**

The Local Workforce Development Board (LWDB) will notify the business of action taken on its application. The LWDB will begin the process of developing a contract between it and the business, to be executed within 60 days of the date of the Notice of Funds Availability cover letter from the Division of Workforce Development (Division) to the LWDB. The contract will set forth all processes and expectations for administering, implementing, and completing the training. If the contract is not executed within the aforementioned 60-day time frame, the grant award becomes null and void and the business will have to re-apply in a future round.

Each project will be monitored and evaluated by the LWDB, with outcomes reported to the Division.

## **HOW LONG DOES A BUSINESS HAVE TO CONDUCT THE TRAINING?**

Training must be completed within 12 months from the date of the contract between the business and the LWDB.

## **CAN THE CONTRACT BE EXTENDED?**

A business is expected to carefully assess its training needs so that it will apply only for the funds needed for training that can be completed in a twelve (12) month time frame. Under extenuating circumstances, a request can be made by the business to the Local Workforce Development Board (LWDB) to extend the date of a contract. The LWDB will evaluate the request and, if favorably reviewed, will submit the request, in writing, to the Division of Workforce Development for final review and decision. Each request is reviewed on a case-by case basis. In any event, no extension will exceed 30 days past the end date of the original contract.

## **ONCE THE BUSINESS HAS BEEN AWARDED AN IWDP GRANT, CAN IT CHANGE THE TYPE(S) OF TRAINING OR USE OF FUNDS APPROVED IN THE GRANT?**

The Incumbent Workforce Development Training Program (IWDP) is a very competitive program and each application is evaluated and ranked by the Local Workforce Development Board (LWDB). The applications are then reviewed in relation to all applications received within the same round of funding and awarded by the Division of Workforce Development (Division). The business is expected to assess its immediate training needs and apply only for the amount of funds needed to meet those needs within a one-year time frame. The application is approved based on the training outlined in the proposal.

If there is a need to request a change to the approved training, in effect the proposal changes. Funds approved for use for Lay-Off Aversion through Skill Attainment cannot be used for funds approved for Lay-Off Aversion through Process Improvement; and, vice versa. For example, a change request for a grant awarded for Lay-Off Aversion through Skill Attainment could only be made for similar training. The funds in this example could not be used for training for process improvement.

The business should contact its LWDB to discuss the best alternatives if issues arise that would warrant changes. The LWDB will evaluate the request and, if favorably reviewed, submit the request, in writing, to the Division for final review and decision.

## **WHAT INFORMATION IS A BUSINESS REQUIRED TO SUPPLY TO THE LWDB ON THE EMPLOYEES TO BE TRAINED?**

The LWDB will discuss with the business the employee information required on the trainees. Federal reporting requirements mandate funded businesses provide the following data for each training participant:

- Social Security Number
- Complete Name and Contact Information
- Gender
- Date of Birth
- Citizenship (Right to Work Status)
- Selective Service Compliance
- Person with Disability
- Ethnicity and Race

## **ARE ANY REPORTING REQUIREMENTS EXPECTED OF THE BUSINESS?**

Yes. The Local Workforce Development Board (LWDB) will advise and discuss the reporting requirements for the grant award, to include content, time frame and other matters. A final report on the training is due no later than forty-five (45) days from the *end of the training*. It will be forwarded by the LWDB to the Division of Workforce Development.

# State of North Carolina

## INCUMBENT WORKFORCE DEVELOPMENT PROGRAM



### APPLICATION

Program Year

**July 1, 2010 - June 30, 2011**



**NORTH CAROLINA**  
*the state of minds*

An Equal Opportunity/Affirmative Action Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.

## North Carolina Incumbent Workforce Development Program Application

**Is process improvement training such as, but not limited to, Lean, Six Sigma, ISO, a part of this application?**

YES       NO

**Note:** For an application to be considered, all requested and applicable information must be provided.

### **SECTION I. BUSINESS INFORMATION**

The sections of the application are to be completed by the Applicant. Please complete within the form, as the space will expand as more information is added.

All applicants are to complete Attachment A and Attachment F. If the application is for a collaborative grant, the companies included in the grant, but **not** the lead applicant, are to also complete Attachment E and Attachment F.

#### A. Applicant Information

Company Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Company Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Web-site:	
Description of Business Product(s) or Service(s):			
Years in business at training location:		Total number of paid employees at this location:	NAICS Code:
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation (Designation)_____
Tax Status of Business:	<input type="checkbox"/> For-profit	<input type="checkbox"/> Not-for-profit (Designation)_____	Other: _____
Employer's Federal ID #:		Unemployment Comp ID #:	

B. Is your company a subsidiary of another company or affiliated with a parent company? \_\_\_\_ Yes \_\_\_\_ No

If “Yes”, please provide the following information about the corporate office/parent company, if different from above, or indicate ‘SAME’.

Parent Company Name:		
Street/Mailing Address:		
City/State:	Zip:	County:
Authorized Representative:		Title:
Phone:	Ext:	Fax:
E-Mail Address:		Company Web-site:

C. Business Status Checklist

- Has the company been in operation in the State of North Carolina during the entire twelve month period immediately preceding the date of application? \_\_\_\_ Yes \_\_\_\_ No
- Is your company current on all North Carolina state taxes? \_\_\_\_ Yes \_\_\_\_ No
- Is your company current on all federal taxes? \_\_\_\_ Yes \_\_\_\_ No
- Is your company current on all county, city and local taxes? \_\_\_\_ Yes \_\_\_\_ No
- Is your company subject to a collective bargaining agreement? \_\_\_\_ Yes \_\_\_\_ No  
(If “Yes”, please attach a letter of endorsement from the authorized union official)

D. Project Abstract

Please provide the following information on Attachment A:

1. Background information on the company;
2. Overview of the training (not to exceed ½ page) and information to support the request and need for training;
3. Description of how the training plan will avert lay-offs of the trainees; and
4. Reason for requesting financial assistance to conduct the training.

**SECTION II. AVAILABILITY AND/OR USE OF OTHER FUNDS**

In addition to the IWDP, the North Carolina Community College System provides funds through the Customized Training Program. Introduced in 2008, the Customized Training Program is an integration of two prior programs: The New and Expanding Industry Program (NEIT) and the Focused Industrial Training Program (FIT). To maximize resources, the business must demonstrate that it is not eligible for or has

exhausted efforts to secure funding through this or other existing programs (examples: agreement on an acceptable training schedule timeline; availability of funds to meet training timeframe).

- A. Please describe the results of your communication with a local community college or publicly funded college or university concerning the availability of resources through: 1) The Customized Training Program 2) other potential training resources that could fund the training described herein.

Contact:

Institution:

Outcome of discussion:

**NOTE:** If more than one contact was made, supply the same information for each contact.

- B. Are any of the training components described in this application available from any publicly-funded community college or university? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your company previously received any training grants, such as the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training or other training grants from any government sources? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, please provide the following information about each grant received:

Funding Source:	Amount of Award:	Dates of Grant Period:
Types of training provided:		
Have the terms and agreements of the training been completed? Yes No (If no, explain.)		
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

Funding Source:	Amount of Award:	Dates of Grant Period:
Types of training provided:		
Have the terms and agreements of the training been completed? Yes No (If no, explain.)		
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

- C. Has your company previously received any Incumbent Workforce Development Training Grants (this includes funds from Local Area Incumbent Workforce Development Training Grants)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, please provide the following information about each grant received:

Local Workforce Development Board:		
Amount of Award:	Dates of Grant Period:	
Types of training provided:		
Have the terms and agreements of the training been completed? Yes No (If no, explain.)		
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

Local Workforce Development Board:		
Amount of Award:	Dates of Grant Period:	
Types of training provided:		
Have the terms and agreements of the training been completed?	Yes	No (If no, explain.)
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

**SECTION III. TRAINING PLAN**

A. Training Summary

Anticipated Project Start Date: \_\_\_\_\_

Project Length: \_\_\_\_\_ (to be no longer than 12 months from date of contract)

Amount of Funds Requested: \_\_\_\_\_

Number of Employees who will attend **only** an orientation/introduction of the training: \_\_\_\_\_  
**(Do not count this number in the “Number of Employees to be trained”)**

**Number of Employees to be trained** (Count each **one** time): \_\_\_\_\_

If this is a Collaborative Grant, please provide the following for each company:

Company Name:	# to be Trained (unique count):

B. Training Components:

An application may be for training that: 1) averts lay-offs through employee skill attainment, or 2) averts lay-offs through process improvement. Below is a Training Component Template *for each* of the types of lay-off aversion strategies. Choose and complete the appropriate template for the application, replicating it as many times as necessary to include all Training Components requested for funding.

**NOTE:** “Component Cost Charged to Grant” should capture **all** cost to be **charged to the grant**. The “Component Costs Charged to Grant” should include, but is not limited to: training materials, certification costs, software, etc.



# Lay-Off Aversion through Skill Attainment Template

## TRAINING COMPONENT #1

<b>Course Title:</b>		
Course Description and Objectives:		
Training Schedule (# hours of training):		Estimated Training Dates:
Number of Trainees for Component:		
Training Location:		
Component Cost:	Component Cost Charged to Grant:	
<b>Please provide information for the training provider.</b>		
Name of Training Provider:		
Name of Training Provider Contact:		Phone:
Address:		
City:	State:	Zip:
E-Mail Address:		
<b>Provide the following information for <u>each</u> Instructor of this Component.</b>		
Name of Trainer/Instructor:		
Qualifications of Trainer/Instructor to Teach Component:		
Please provide the information requested in questions 1-3. The form will expand as text is inserted.		
1. Please provide a list of competencies the trainees will attain:		
2. Explain how this training component will lead to or result in a skill certification or other proof of skill attainment that directly benefits the Trainees:		
3. How will this training component impact the trainees' opportunity for advancement in the company and/or wage increases?		

**NOTE:** This template is to be replicated for each Training Component. Duplicate information in additional components that appears in a prior component may be noted as “Same as Component #\_\_\_\_” in the appropriate subsection.

# Lay-Off Aversion through Process Improvement Template

## TRAINING COMPONENT #1

<b>Course Title:</b>		
Course Description and Objectives:		
Training Schedule (# hours of training):		Estimated Training Dates::
Number of Trainees for Component:		
Training Location:		
Component Cost:	Component Cost Charged to Grant:	
<b>Please provide information for the training provider.</b>		
Name of Training Provider:		
Name of Training Provider Contact:		Phone:
Address:		
City:	State:	Zip:
E-Mail Address:		
<b>Provide the following information for <u>each</u> Instructor of this Component.</b>		
Name of Trainer/Instructor:		
Qualifications of Trainer/Instructor to Teach Component:		
Please provide the information requested in the questions 1-3 below. The form will expand as text is inserted.		
1. Please provide a list of competencies the trainees will attain:		
2. How will this training component directly contribute to improving efficiency or quality in a way that makes the company more competitive?		
3. How will this training component directly contribute to improving company processes, thereby averting lay-offs?		

**NOTE:** This template is to be replicated for each Training Component. Duplicate information in additional components that appears in a prior component may be noted as “Same as Component #\_\_\_\_” in the appropriate subsection.

## SECTION IV. BUDGET

- A. The applicant is encouraged to apply only for the amount of funds needed to meet its immediate training needs. The project budget should clearly support and relate to the training plan and itemize how the award will be used. **The amount under the “Grant Funds Requested” column below should equal the total of the amounts shown under “Component Cost Charged to Grant” for all Components listed in Section III.** All proposed expenses must be allowable, reasonable and necessary (See Attachment B). Please provide the required information on this budget form, rather than submitting attachments.

The Applicant is encouraged to place a monetary value on the contributions that will be made to this training request, if funded. These contributions may be in-kind, cash, etc. A column has been provided for this information.

**NOTE:** Shaded areas represent expenses not eligible to be funded through the IWDP. See Attachment B for additional information on allowable costs.

Category	Grant Funds Requested	Employer Contribution (in-kind, cash, etc, expressed in \$)	Explanation and Detail Please place a “G” after all explanation of costs to be paid by IWDP funds.
Instructor Wages/Tuition			(Example: CAD training \$300 x 10 employees=\$3000)
Manuals/Textbooks (itemize)			(Example: 10 Microsoft manuals at \$30 each=\$300)
Training Certifications, Certificates, Credentials, Licenses			(Specify number and type)
Materials/Supplies			(Itemize and describe)
Software and Technology (limited to 5% of the requested amount)			

Category	Grant Funds Requested	Employer Contribution (in-kind, cash, etc, expressed in \$)	Explanation and Detail
Training equipment purchase (can be employer contribution)			
On-site facility usage (can be employer contribution)			
Trainee travel, food, lodging (can be employer contribution)			
Trainee wages (can be employer contribution)			
<b>Total Funds</b> (Both Grant and EC)	\$	\$	TOTAL TRAINING INVESTMENT (Grant + EC): \$

The Local Workforce Development Board and the NC Division of Workforce Development reserve the right to remove or adjust any part of the budget prior to grant approval.

**SECTION V. AUTHORIZATION AND CERTIFICATION**

As authorized representative of the Business submitting this application, I hereby certify that:

- I have read the Incumbent Workforce Development Training Program Guidelines and coordinated this application with the Local Workforce Development Board;
- The Business meets the requirements and is eligible to submit this application;
- The information contained in this application is true and accurate and reflects the intentions of the Incumbent Workforce Development Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions, or misrepresentations may subject the Business to civil or criminal penalties;
- I understand that training materials purchased or developed with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no costs; and
- The Business agrees to adhere to all reporting requirements; and to respond to a Customer Satisfaction Survey(s), if asked.
- The Business agrees to provide all requested data elements as required for federal reporting.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Investment Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT A  
PROJECT ABSTRACT**

**SECTION I.D.**

Please provide the following information, not to exceed three (3) pages:

1. Background information on the company;
2. Overview of the training (not to exceed ½ page) and information to support the request and need for training;
3. Description of how the training plan will avert lay-offs of the trainees; and
4. Reason for requesting financial assistance to conduct the training.

## **ATTACHMENT B REIMBURSABLE/NON-REIMBURSABLE TRAINING COSTS**

The following is a listing of reimbursable and non-reimbursable training costs for NC's IWDP:

### **Allowable Training Costs**

- Instructors'/trainers' salaries – trainers must not be employed by any business whose employees are being trained.
- Tuition
- Training materials and training supplies
- Textbooks/manuals – limited to course of study
- Training that results in participants obtaining an industry-recognized certification or credential, or that provides a significant step towards achieving such credentials that increases the workers' overall employability
- Training related software -- limited to 5% of the total grant award and must be necessary for the training request
- Travel for trainers - if the requested training is not available within reasonable proximity to the business
- On-line training
- Employee skills assessment that results in primary training funded through the grant

### **Non-Allowable Training Costs**

- Employee wages and fringe benefits
- Compensation or consultant fees not directly related to the provision of training
- Costs incurred prior to the approval date of the application
- Capital improvements and purchase of real estate, to include the construction or renovation of facilities or buildings
- Business relocation expenses
- Employment or training in sectarian activities
- Costs associated with in-house company trainers to include parent company employees
- Travel outside of contiguous United States or costs associated with bringing a trainer into the country
- Curriculum design and/or training program development
- General office supplies and non-personnel service costs, i.e., postage and photocopying
- Company website design and development, website hosting, and maintenance, software upgrade, advice on computer selection for purchase and upgrade
- Memberships fees/dues
- Purchase of employee assessment systems or systems usage licenses (ex. site licenses)
- Employee travel
- Basic occupational health and safety training, to include OSHA training
- Any training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws.
- Equipment
- Food, beverage, entertainment, and/or celebrations
- Job/position profiling
- Publicity/public relations costs
- Costs associated with conferences

**ATTACHMENT C  
NC WORKFORCE DEVELOPMENT BOARD LISTING**

**Cape Fear Workforce Development Board**

**Counties Served:** Brunswick, Columbus, New Hanover, Pender

**Director:** Margie Parker  
1480 Harbour Drive  
Wilmington, NC 28401  
Phone: 910-395-4553  
Fax: 910-395-2684  
Email: [mparker@capefearcog.org](mailto:mparker@capefearcog.org)  
Website:

**Capital Area Workforce Development Board**

**Counties Served:** Johnston, Wake

**Director:** Pat Sturdivant  
2321 Crabtree Blvd., Suite 200  
Raleigh, NC 27604  
Phone: 919-856-6040  
Email: [pat.sturdivant@co.wake.nc.us](mailto:pat.sturdivant@co.wake.nc.us)  
Website: [www.capitalareawdb.com](http://www.capitalareawdb.com)

**Centralina Workforce Development Board**

**Counties Served:** Anson, Cabarrus, Iredell, Lincoln, Rowan, Stanly, Union

**Director:** David Hollars  
525 North Tryon Street, 12<sup>th</sup> Floor  
Charlotte, NC 28202  
Phone: 704-348-2717  
Fax: 704-347-4710  
Email: [dhollars@centralina.org](mailto:dhollars@centralina.org);  
[pwhite@centralina.org](mailto:pwhite@centralina.org)  
Website: <http://www.centralinaworks.com/index.cfm>

**Charlotte/Mecklenburg Workforce Development Board**

**Counties Served:** Mecklenburg

**Director:** Deborah Gibson  
700 Parkwood Avenue  
Charlotte, NC 28205  
Phone: 704-336-3952  
Fax: 704-336-7259  
Email: [dgibson@ci.charlotte.nc.us](mailto:dgibson@ci.charlotte.nc.us)  
Website: [www.charlotteworks.org](http://www.charlotteworks.org)

**Cumberland County Workforce Development Board**

**Counties Served:** Cumberland

**Director:** Geneva Mixon  
103 Laketree Boulevard  
Spring Lake, NC 28390  
Phone: 910-321-6421  
Fax: 910-321-6576  
Email: [gmixon@co.cumberland.nc.us](mailto:gmixon@co.cumberland.nc.us)  
Website:



**DavidsonWorks Workforce Development Board**

**Counties Served:** Davidson

**Director:** Cindy Livengood

DavidsonWorks, Inc.  
P.O. Box 1067  
555 West Center Street Extension  
Lexington, NC 27293-1067  
Phone: 336-242-2065  
Fax: 336-236-7522  
Email:  
[Cindy.Livengood@DavidsonCountyNC.gov](mailto:Cindy.Livengood@DavidsonCountyNC.gov)  
Website: [www.davidsoncountyworks.org](http://www.davidsoncountyworks.org)

**Durham Workforce Development Board**

**Counties Served:** Durham

**Director:** Kevin Dick

Office of Economic and Workforce  
Development  
302 E. Pettigrew Street, Suite 190  
Durham, NC 27701  
Phone: 919-560-4965  
Fax: 919-560-4986  
Email: [kevin.dick@durhamnc.gov](mailto:kevin.dick@durhamnc.gov)  
Website:

**Eastern Carolina Workforce Development Board**

**Counties Served:** Carteret, Craven, Duplin,  
Lenoir, Onslow, Pamlico, Wayne, Greene, Jones

**Director:** Tammy Childers

1341 South Glenburnie Road  
New Bern, NC 28562  
Phone: 252-636-6901  
Fax: 252-638-3569  
Email: [childers@ecwdb.org](mailto:childers@ecwdb.org)  
Website: <http://www.ecwdb.org>

**Gaston County Workforce Development Board**

**Counties Served:** Gaston

**Director:** Angela Karchmer

330 N. Marietta Street  
Gastonia, NC 28052  
Phone: 704-862-7930  
Fax: 704-862-7939  
Email: [angela.karchmer@co.gaston.nc.us](mailto:angela.karchmer@co.gaston.nc.us)  
Website:

**Greensboro/High Point/Guilford Workforce  
Development Board**

**Counties Served:** Guilford

**Director:** Lillian Plummer

342 North Elm Street  
Greensboro, NC 27401  
Phone: 336-373-8041  
Fax: 336-373-8629  
Email: [lillian.plummer@greensboro-nc.gov](mailto:lillian.plummer@greensboro-nc.gov)  
Website:

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**High Country Workforce Development Board**

**Counties Served:** Alleghany, Ashe,  
Avery, Mitchell, Yancey,  
Watauga, Wilkes

**Director:** Carole Coates  
468 New Market Boulevard  
Boone, NC 28607  
Phone: 828-265-5434 ext. 130  
Fax: 828-265-5439  
Email: [ccoates@regiond.org](mailto:ccoates@regiond.org)  
Website: [www.highcountrywdb.com](http://www.highcountrywdb.com)

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**Karr Tar Workforce Development Board**

**Counties Served:** Caswell, Franklin,  
Granville, Person, Vance, Warren

**Director:** Vincent Gilreath  
P.O. Box 709  
1724 Graham Avenue  
Henderson, NC 27536  
Phone: 252-436-2047  
Fax: 252-436-2055  
Email: [vgilreath@kerrtarcog.org](mailto:vgilreath@kerrtarcog.org)  
[edavis@kerrtarcog.org](mailto:edavis@kerrtarcog.org)  
Website:

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**Lumber River Workforce Development Board**

**Counties Served:** Bladen, Robeson,  
Scotland, Hoke

**Director:** Dana Powell  
ComTech Park  
30 CJ Walker Road  
Pembroke, NC 28372  
Phone: 910-618-5533  
Fax: 910-521-7576  
Email: [dana.powell@lrcog.dst.nc.us](mailto:dana.powell@lrcog.dst.nc.us)  
Website:

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**Triangle South Workforce Development Board (formerly Mid-Carolina WDB)**

**Counties Served:** Chatham, Harnett,  
Lee, Sampson

**Director:** Cindy Casler  
1105 Kelly Drive  
Sanford, NC 27330  
Phone: 919-777-7795  
Fax: 919-777-7796  
Email: [ccasler@cccc.edu](mailto:ccasler@cccc.edu)  
Website:

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**Mountain Area Workforce Development Board**

**Counties Served:** Henderson, Madison,  
Buncombe, Transylvania

**Director:** Helen Beck  
P.O. Box 729  
Asheville, NC 28802  
Phone: 828-250-4760 or 62  
Fax: 828-255-5833  
Email: [helen.beck@buncombecounty.org](mailto:helen.beck@buncombecounty.org)  
Website:

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**Northeastern Workforce Development Board**

**Counties Served:** Chowan, Gates, Perquimans, Camden, Currituck, Pasquotank, Hyde, Tyrrell, Washington, Dare

**Director:** Wendy Jewett  
P.O. Box 646  
512 South Church Street  
Hertford, NC 27944  
Phone: 252-426-5753 ext. 229  
Fax: 252-426-8482  
Email: [wjewett@albemarlecommission.org](mailto:wjewett@albemarlecommission.org)  
Website:

**Northwest Piedmont Workforce Development Board**

**Counties Served:** Davie, Forsyth, Rockingham, Stokes, Surry, Yadkin

**Director:** Althea Hairston  
400 West Fourth Street, Suite 400  
Winston-Salem, NC 27101  
Phone: 336-761-2111/336-634-5600  
Fax: 336-761-2112  
Email: [ahairston@nwpcog.org](mailto:ahairston@nwpcog.org)  
Website:

**Pee Dee Workforce Development Board**

**Counties Served:** Montgomery, Moore, Richmond

**Director:** Linda Parker  
P.O. Box 1883  
221 South Fayetteville Street  
Asheboro, NC 27204-1883  
Phone: 336-629-5141  
Fax: 336-629-1290  
Email: [lparker@regionalscs.org](mailto:lparker@regionalscs.org)  
Website:

**Region C Workforce Development Board**

**Counties Served:** Cleveland, McDowell, Polk, Rutherford

**Director:** Bill Robertson  
P.O. Box 841  
111 West Court Street  
Rutherfordton, NC 28139  
Phone: 828-287-0262 ext 1245  
Fax: 828-287-2735  
Email: [brobertson@regionc.org](mailto:brobertson@regionc.org)  
Website:

**Region Q Workforce Development Board**

**Counties Served:** Beaufort, Bertie, Hertford, Martin, Pitt

**Director:** Walter Dorsey  
1385 John Small Avenue  
Washington, NC 27889  
Phone: 252-974-1815  
Fax: 252-948-1861  
Email: [wdorsey@midcom.org](mailto:wdorsey@midcom.org)  
Website: [www.regionqwdb.org](http://www.regionqwdb.org)

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**Regional Partnership Workforce  
Development Board**

**Counties Served:** Alamance, Orange, Randolph

**Director:** Linda Parker  
P.O. Box 1883  
221 South Fayetteville Street  
Asheboro, NC 27204-1883  
Phone: 336-629-5141  
Fax: 336-629-1290  
Email: [lparker@regionalcs.org](mailto:lparker@regionalcs.org)  
Website:

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**Southwestern Workforce Development  
Board**

**Counties Served:** Haywood, Jackson,  
Macon, Cherokee, Clay, Graham, Swain

**Director:** Vicki Green  
125 Bonnie Lane  
Sylva, NC 28799  
Phone: 828-586-1962 x. 210  
Fax: 828-586-1968  
Email: [Vicki@regiona.org](mailto:Vicki@regiona.org)  
Website: [www.regiona.org](http://www.regiona.org)

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**Turning Point Workforce Development  
Board (formerly Region L)**

**Counties Served:** Edgecombe, Nash, Halifax,  
Northampton, Wilson

**Director:** Michael Williams  
4036 Capital Drive  
P.O. Box 7516  
Rocky Mount, NC 27804  
Phone: 252-443-6175  
Fax: 252-443-4468  
Email: [mwilliams@turningpointwdb.org](mailto:mwilliams@turningpointwdb.org)  
Website:  
<http://www.turningpointwdb.org/>

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**Western Piedmont Workforce Development  
Board**

**Counties Served:** Burke, Caldwell, Alexander,  
Catawba

**Director:** Sheila Dotson  
P.O. Box 9026  
736 Fourth Street, SW  
Hickory, NC 28603  
Phone: 828-485-4218  
Fax: 828-322-5991  
Email: [sheila.dotson@wpcog.org](mailto:sheila.dotson@wpcog.org)  
Website:

**ATTACHMENT D**  
**NC DEPARTMENT OF COMMERCE 2010 COUNTY TIER DESIGNATIONS**

<b>TIER 1</b>		<b>TIER 2</b>		<b>TIER 3</b>
Alexander	Northampton	Alamance	Pitt	Brunswick
Alleghany	Richmond	Ashe	Polk	Buncombe
Anson	Robeson	Avery	Randolph	Cabarrus
Beaufort	Rockingham	Catawba	Rowan	Carteret
Bertie	Rutherford	Cherokee	Sampson	Chatham
Bladen	Scotland	Craven	Stanly	Durham
Burke	Surry	Cumberland	Stokes	Forsyth
Caldwell	Tyrrell	Currituck	Swain	Guilford
Camden	Vance	Dare	Transylvania	Henderson
Caswell	Warren	Davidson	Watauga	Iredell
Chowan	Washington	Davie	Wilson	Johnston
Clay	Wayne	Duplin	Yadkin	Mecklenburg
Cleveland	Wilkes	Franklin	Yancey	Moore
Columbus		Gaston		New Hanover
Edgecombe		Granville		Onslow
Gates		Harnett		Orange
Graham		Haywood		Pender
Greene		Hoke		Union
Halifax		Jackson		Wake
Hertford		Lee		
Hyde		Lincoln		
Jones		Macon		
Lenoir		Madison		
Martin		Nash		
McDowell		Pamlico		
Mitchell		Pasquotank		
Montgomery		Perquimans		
		Person		

**ATTACHMENT E  
MULTIPLE BUSINESS COLLABORATIVE FORM**

Please complete Attachment E for each additional business that is part of a collaborative to provide common training its employees. This attachment(s) is to be included as part of the completed application.

**A. Applicant Information**

Company Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Company Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Web-site:	
Description of Business Product(s) or Service(s):			
Years in business at training location:		Total number of paid employees at this location:	NAICS Code:
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation (Designation) _____
Tax Status of Business:	<input type="checkbox"/> For-profit	<input type="checkbox"/> Not-for-profit (Designation) _____	Other: _____
Employer's Federal ID #:		Unemployment Comp ID #:	

B. Is your company a subsidiary of another company or affiliated with a parent company?  Yes  No

If "Yes", please provide the following information about the corporate office/parent company, if different from above, or indicate 'SAME'.

Parent Company Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Authorized Representative:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Web-site:	

C. Business Status Checklist

- Has the company been in operation in the State of North Carolina during the entire twelve month period immediately preceding the date of application? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is your company current on all North Carolina state taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is your company current on all federal taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is your company current on all county, city and local taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Is your company subject to a collective bargaining agreement? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If “Yes”, please attach a letter of endorsement from the authorized union official)

D. Has your company previously received an Incumbent Workforce Development Training Grant(s)?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes”, please provide the following information about each grant received:

Local Workforce Development Board:		
Amount of Award:	Dates of Grant Period:	
Types of training provided:		
Have the terms and agreements of the training been completed?	Yes	No (If no, explain.)
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

Local Workforce Development Board:		
Amount of Award:	Dates of Grant Period:	
Types of training provided:		
Have the terms and agreements of the training been completed?	Yes	No (If no, explain.)
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

E. Please provide how participation in this collaborative grant will add value to your company and its employees:


**AUTHORIZATION AND CERTIFICATION FOR ATTACHMENT E**

As authorized representative of the Collaborative Business submitting this application, I hereby certify that:

- I have read the Incumbent Workforce Development Training Program Guidelines and coordinated this application with the Local Workforce Development Board;
- The Business meets the requirements and is eligible to submit this application;
- The information contained in this application is true and accurate and reflects the intentions of the Incumbent Workforce Development Training Program;
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding;
- I am aware that any false information, intentional omissions, or misrepresentations may subject the Business to civil or criminal penalties;
- I understand that training materials purchased or developed with funds awarded under this project will be in the public domain and will be available for use by other eligible entities at no costs; and
- The Business agrees to adhere to all reporting requirements: and to respond to a Customer Satisfaction Survey(s), if asked.
- The Business agrees to provide all requested data elements as required for federal reporting.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Investment Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Authorized Signature  
(Collaborative Business Representative)

\_\_\_\_\_

Date



**ATTACHMENT F  
LAY-OFF AVERSION ATTESTATION FORM**

State of North Carolina Incumbent Workforce Development Program

This form must be completed and signed by the Owner, President, CEO, or highest ranking local official of *each* business in North Carolina included in the Incumbent Workforce Development Program application.

Lay-off aversion may occur through skill attainment or process improvement. Please review and select the appropriate lay-off aversion criteria. More than one may be chosen. Space will expand as text is entered.

1. The company is phasing out a function which will lead to layoffs unless the workers can be retrained to perform new functions.
Explanation:
2. A worker's job has changing skill requirements as a result of external economic or market forces, significant changes in technology, rapidly changing industry or occupational requirements or emergence of new product.
Explanation:
3. The changing skill requirements are outside the normal skill growth and upkeep that would be provided by the employer.
Explanation:
4. The training will directly contribute to process improvement within the company, thereby averting lay-offs and improving company competitiveness and productivity.
Explanation:

I hereby certify that the information provided herein is true and accurate and that any false information, intentional omissions, or misrepresentations will disqualify the application for the Incumbent Workforce Development Training Program.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date