


**NORTH CAROLINA DEPARTMENT OF COMMERCE
DIVISION OF WORKFORCE SOLUTIONS**

DWS POLICY STATEMENT NUMBER: PS 09-2014

Date: September 4, 2014

**Subject: Program Year 2014 NCWorks Incumbent
Worker Training Grant**

From:


William H. Collins, Jr.
Assistant Secretary for Workforce

Purpose: To provide guidance and criteria for the Program Year (PY) 2014 NCWorks Incumbent Worker Training Grant (NCWorks IW) and to rescind Policy Statement Number PS 17-2013 and Policy Statement Number PS 17-2013, Change 1.

Action: Local Workforce Development Boards will follow the attached NCWorks Incumbent Worker Training Grant Guidelines and other related forms and distribute the application package to parties interested in obtaining a NCWorks IW Training Grant.

Effective Date: Immediately

Expiration: June 30, 2015

Contact: Business Services Specialist

Attachments:

1. NCWorks IW PY 2014 Guidelines for Business
2. NCWorks IW PY 2014 Application
3. NCWorks IW PY 2014 Application Assessment
4. NCWorks IW PY 2014 Guidelines for Local Workforce Development Boards

**THE STATE OF NORTH CAROLINA
NCWORKS INCUMBENT WORKER
TRAINING GRANT**

NCWorks

Expired

GUIDELINES

PROGRAM YEAR

JULY 1, 2014 - JUNE 30, 2015

**NORTH
CAROLINA**

DEPARTMENT OF COMMERCE

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Expired

**NCWORKS INCUMBENT WORKER
TRAINING GRANT (NCWORKS IW)
GUIDELINES**

KEY POINTS:

- The NCWorks Incumbent Worker (NCWorks IW) Training Grant is a competitive training grant through which qualifying businesses can address employees' skill gaps and impact company stability. These skills gaps can be a result of a worker's changing responsibilities/requirements in her/his job, or for a worker whose job may potentially be eliminated and skill upgrading is needed to accept new responsibilities. The NCWorks IW training would result in increased knowledge, certifications, or value to the company.
- North Carolina for-profit and not-for-profit businesses, with 5 or more employees, that have been in operation, in North Carolina for a minimum of one year prior to the State's submission deadline date, are current on all federal and state tax obligations, and are financially viable are eligible to apply.
- NCWorks IW Training Grants are awarded on a competitive basis. The maximum amount is \$10,000 per grant, with a lifetime funding limit of \$40,000.
- The NCWorks IW Training Grant is cooperatively administered through the State's Local Workforce Development Boards (LWDB) and the North Carolina Department of Commerce's Division of Workforce Solutions (Division). Applications are submitted directly to a LWDB. A LWDB may request additional information or establish supplemental provisions and requirements for the training applications.
- For each funding cycle, **each LWDB will set its own due date** so that the State's submission deadline can be met. The business should contact the LWDB to inquire about its advanced submission date and other requirements.

The full listing for the NC LWDBs is available at NCWorks Online: www.ncworks.gov. From the link, select Resources and Services, then Local Workforce Area Contacts.

<i>State Submission Deadline</i>	<i>Grant Award Announcement</i>
October 31, 2014	December 8, 2014
* March 31, 2015	* May 5, 2015
* Pending Funding Availability	

Please see the information below for more details.

FREQUENTLY ASKED QUESTIONS

WHAT IS THE NCWORKS INCUMBENT WORKER TRAINING GRANT?

The NCWorks IW is a competitive training grant through which qualifying businesses can address employees' skill gaps and impact company stability. These skills gaps can be a result of a worker's changing responsibilities/requirements in her/his job, or for workers whose job may potentially be eliminated and skill upgrading is needed to accept new responsibilities. The NCWorks IW training would result in increased knowledge, certifications, or value to the company.

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;

- A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- An employee to be trained that works at a facility located in North Carolina or working for a staffing agency and placed at a North Carolina facility.

WHEN WOULD AN EMPLOYER UTILIZE THE NCWORKS IW TRAINING GRANT?

An employer can utilize this competitive training solution when an employee has identified skills gaps that need to be addressed through training, thus enhancing the employee's continued employability and improve business stabilization.

WHICH EMPLOYEES WOULD BENEFIT FROM THE NCWORKS IW TRAINING GRANT?

The NCWorks IW Training Grant is beneficial to employees who have identified skills gaps, where eligible training addresses these gaps, improves employee retention and helps the business stabilize. These employees either:

- Need to upgrade skills and knowledge to retain their current job; or
- Need to gain new skills and knowledge so they qualify for a different job with their employer.

Additionally, the training provides a significant step towards achieving an industry- or applicant-recognized certification or credential that increases the workers' overall employability.

WHO IS ELIGIBLE TO APPLY?

North Carolina for-profit and not-for-profit businesses, with 5 or more employees, that have been in operation in North Carolina for a minimum of one year prior to the State's submission deadline date, are current on all federal and state obligations, and are financially viable are eligible to apply.

Businesses that employed fewer than 5 employees and were awarded the NCWorks IW grant from July 1, 2013 until June 30, 2014 are grandfathered and are eligible to apply in future rounds until the maximum lifetime limit has been met.

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 products 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, unless it is to address the skills gaps of the training provider's incumbent workers
- 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)

- Entities whose primary business is education

CAN A BUSINESS APPLY FOR THE NCWORKS IW TRAINING GRANT IF IT IS ELIGIBLE FOR OTHER TYPES OF TRAINING RESOURCES, SUCH AS CUSTOMIZED TRAINING?

In addition to the NCWorks IW Training Grant, 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 NCWORKS IW TRAINING GRANT?

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
- Educational training defined as short courses that address the identified skills gaps and could lead to a credential or to an industry-recognized certification. The training may include a curriculum course, but cannot be part of a trainee's pursuit of an educational degree.

Grant funds will be expended on training activities that take place only in North Carolina unless the Local Workforce Development Board approves training outside the state. If consent is given, all other rules and regulations of the NCWorks IW Training Grant still apply.

WHAT IS THE MAXIMUM AMOUNT PER ROUND FOR WHICH A BUSINESS CAN APPLY?

NCWorks IW funds are limited, and are therefore, awarded on a competitive basis. The maximum amount is \$10,000 per grant.

WHAT IS THE LIFETIME LIMIT FOR BUSINESSES RECEIVING GRANTS AFTER JULY 1, 2008?

The lifetime limit is \$40,000. Businesses with locations in multiple areas of the state will be treated as a single company for the purposes of determining when this maximum is met. The lifetime limit applies to the company, its parent company and subsidiaries. The business may apply for subsequent, competitive grants, but receipt of a prior grant does not automatically guarantee an award of future grants.

WHAT IS THE LIFETIME LIMIT FOR BUSINESSES RECEIVING GRANTS PRIOR TO JULY 1, 2008?

Businesses that received NCWorks IW Training Grant 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. Businesses with locations in multiple areas of the state will be treated as a single company for the purposes of determining when this maximum is met. The lifetime limit applies to the company, its parent company and subsidiaries. The business may apply for subsequent, competitive grants, but receipt of a prior grant does not automatically guarantee an award of future grants.

HOW IS THE LIFETIME LIMIT DETERMINED?

For grants awarded prior to July 1, 2013 the availability will be calculated using the difference of the prior grant awards and the applicable lifetime limit. For grants awarded after July 1, 2013, the availability will be calculated using the difference between the total grant expenditures and the applicable lifetime limit.

If a company is awarded the NCWorks IW Training 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, unique 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.

LWDBs are also encouraged to work with unique businesses in high demand sectors within their region to complete collaborative applications. All businesses included in the application must meet all rules, regulations, and guidelines of the NCWorks IW Training Grant.

The proposal for the common training request must:

- Train employees of at least two different businesses, with one of those businesses designated as the Lead Applicant;
- Include employees of the Lead Applicant in the training;
- 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.

An application representing the common training needs of **two or more businesses** will be subject to the \$10,000 per grant funding limit.

HOW IS A BUSINESS' LIFETIME FUNDING LIMIT AFFECTED IF IT HAS BEEN PREVIOUSLY AWARDED A COLLABORATIVE GRANT?

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

- For a business that has *not received* a NCWorks Training Grant *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 \$10,000. These businesses have never received the NCWorks IW Training Grant; therefore, their lifetime funding limit is \$40,000 each. Each business will have \$5,000 credited towards its lifetime funding limit.

- For a business that *has* received a NCWorks IW Training Grant(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 \$10,000. Business A has benefited from the NCWorks IW Training Grant(s) *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.

WHAT COSTS CAN BE REIMBURSED BY THE NCWORKS IW TRAINING GRANT?

See Attachment A 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 NCWORKS IW TRAINING GRANT?

When businesses experience a skills gap in their workforce, the company's stability can be compromised. The NCWorks IW Training Grant, funded by the federal Workforce Investment Act (WIA) addresses such needs by increasing workers' skills, knowledge, and certification.

HOW IS THE NCWORKS IW TRAINING GRANT ADMINISTERED?

The NCWorks IW is cooperatively administered through the State's Local Workforce Development Boards (LWDB) and the North Carolina Department of Commerce's Division of Workforce Solutions (Division). Within the framework established through the NCWorks IW, a LWDB may request additional information for the applications.

HOW DOES A BUSINESS SUBMIT AN APPLICATION?

First the business must contact the Local Workforce Development Board (LWDB) that administers the NCWorks IW Training Grant program in its geographical area. The full listing for the NC LWDBs is available at NCWorks Online: www.ncworks.gov. From the link, select Resources and Services, then Local Workforce Area Contacts. This contact allows the business and the LWDB the opportunity to review the guidelines and eligibility requirements, highlight criteria, discuss training priorities, understand the application time schedule, and other procedures and expectations.

Applications for the NCWorks IW Training Grant are available on the Department of Commerce website: <http://www.nccommerce.com/workforce/businesses/worker-training-program/how-to-apply/guidelines-applications-forms>. These documents are also available through LWDB staff and websites.

HOW CAN A BUSINESS DETERMINE IF ITS PARENT COMPANY AND/OR SUBSIDIARIES HAVE RECEIVED A NCWORKS IW GRANT?

The business should work with its LWDB to determine this information. It may also view the following website, which has a complete listing of all companies that have received a NCWorks IW grant: <http://www.nccommerce.com/workforce/businesses/worker-training-program/latest-grant-awards>. The list of total companies funded is updated within thirty (30) 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 as 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, however, the LWDB will assist the company as it deems appropriate, if the application is incomplete.

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?

Businesses and vendors should contact the LWDB staff who is available for 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 NCWORKS IW TRAINING GRANT?

Businesses and vendors should contact the LWDB before beginning the application process. The LWDB will inform the business of its **advanced submission date** and other requirements necessary in order to meet the State's application submission deadline.

The full listing for the NC LWDBs is available at NCWorks Online: www.ncworks.gov. From the link, select Resources and Services, then Local Workforce Area Contacts.

<i>State Submission Deadline</i>	<i>Grant Award Announcement</i>
October 31, 2014	December 8, 2014
* March 31, 2015	* May 5, 2015
* Pending Funding Availability	

HOW WILL FUNDING DECISIONS BE MADE?

Using the Division's Application Assessment, the LWDB will review the application for viability and make funding decisions based on the State's NCWorks IW criteria.

The number of awards approved per round is based on funding availability and the number of eligible applications as determined by the Division and the LWDB.

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 successful applicant, to be executed within 60 days of the date of the Notice of Funds Availability cover letter from 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 addresses its employees' skills gaps, and 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. 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 A NCWORKS IW GRANT, CAN IT CHANGE THE TYPE(S) OF TRAINING OR USE OF FUNDS APPROVED IN THE GRANT?

The NCWORKS IW Training Grant is a competitive training grant and each application is evaluated against eligibility criteria.

If there is a need to request a change to the approved training, the business must contact the LWDB to discuss the best alternatives. Training changes cannot create a new application and must continue to address the employees' originally identified skills gaps, be completed within the original one-year timeframe, and meet the NCWorks IW criteria. The LWDB will evaluate each request based on a case-by-case basis, in collaboration with the Division.

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 requirements mandate funded businesses provide, at a minimum, 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

It is possible that more information may be needed.

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 Solutions.

ATTACHMENT A

Reimbursable / Non-Reimbursable Training Costs

The following is a listing of reimbursable and non-reimbursable training costs for the NCWorks IW Training Grant:

Allowable Training Costs:

1. Training / Course registration
2. Training that results in participants obtaining an industry-recognized certification or credential to include training preparation for certification exams. Funding must be requested for both the training and the certification exam and completed within the twelve (12) month contract
3. Web-based online training
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks / manuals used 100% for the training activities
6. Materials and supplies directly related to the funded training
7. Travel for trainers-if the requested training is not available within reasonable proximity to the business

Non-Allowable Training Costs:

1. Employee related costs such as wages, fringe benefits, travel
2. Process improvement or quality-related training
3. Training-related costs incurred prior to the beginning date of the contract with the LWDB or after the contract ends.
4. Training that employees are already provided, either by the company or on the company's behalf
5. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws
6. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification or accreditation
7. Courses that are part of a trainee's pursuit of an educational degree
8. Employment or training in sectarian activities
9. Curriculum design and/or training program development
10. Trainers employed by any business whose employees are being trained to include parent company employees
11. Purchase of employee assessment systems or systems usage licenses (example: site licenses)
12. Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
13. Third party compensation or fees not directly related to the provision of the requested training
14. Any costs that would normally be considered allowable, but for which there is no request/cost for training related to the item(s) within the application
15. Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable (long lasting and/or reusable) training materials
16. Business relocation or other similar/related expenses
17. Travel outside of contiguous United States or costs associated with bringing a trainer into the country
18. General office supplies and non-personnel services costs (example: postage and photocopying)
19. Membership fees/dues
20. Food, beverage, entertainment, and/or celebration related expenses
21. Job/position profiling
22. Publicity/public relations costs
23. Costs associated with conferences

THE STATE OF NORTH CAROLINA

NCWORKS INCUMBENT WORKER

TRAINING GRANT

NCWorks

Expired

APPLICATION

**PROGRAM YEAR
JULY 1, 2014 - JUNE 30, 2015**

**NORTH
CAROLINA**

DEPARTMENT OF COMMERCE

NCWorks Incumbent Worker Training Grant Application

Note: The Local Workforce Development Board will inform the business of its advanced submission date and other requirements necessary in order to meet the State's Submission Deadline.

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; the space will expand.

A. Applicant Information

Business 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:	Total number of paid employees throughout NC:	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 Insurance ID #:	

B. Parent Company

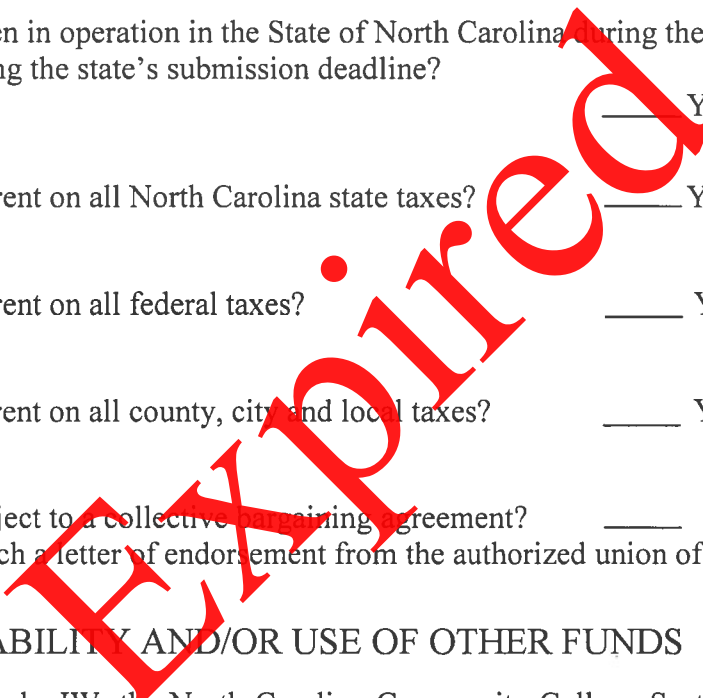
Is your company a subsidiary of another company or affiliated with a parent company? ___ Yes ___ No

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 Website:	

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 state's submission deadline? ___ 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)



SECTION II. AVAILABILITY AND/OR USE OF OTHER FUNDS

In addition to the NCWorks IW, 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, and/or 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 _____
- C. 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:		

- D. Has your company previously received a NCWorks IV 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:		

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): _____

B. Collaborative Grant

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

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

If the application is for a collaborative grant, all of the companies included in the grant, but not the lead applicant, are to complete Attachment D and each company should be included on the Application Overview.

B. Training Components

See Attachment A for the Training Component Template. The form can be replicated as many times as necessary to include all Training Components requested for funding.

C. Incumbent Worker Defined

An incumbent worker is:

- A paid employee of the applicant business, or a person working for a business as a staffing agency employee;
- At least 18 years of age;
- A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- An employee to be trained that works at a facility located in North Carolina or working for a staffing agency and placed at a North Carolina facility.

Are all employees to be trained an eligible Incumbent Worker as described above? ____ Yes ____ No

D. Project Abstract

Please provide the following information on Attachment B:

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 requested training will address employees’ skill gaps and impact company stability; and
4. Reason for requesting financial assistance to conduct the training.

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 Training Components listed in Section III C. Training Components, Attachment A.** All proposed expenses must be allowable, reasonable and necessary (see Attachment C). 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 NCWorks IW. See Attachment C 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 the NCWorks IW funds and itemize the cost of each Training Component.
Training/Course Registration			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 and Supplies			

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)			
Employees' travel, food, lodging (can be employer contribution)			
Employees' wages (can be employer contribution)			
Total Funds (Both Grant and EC)	\$	\$	TOTAL TRAINING INVESTMENT (Grant + EC): \$

Expired

The Local Workforce Development Board and the NC Division of Workforce Solutions 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 NCWork Incumbent Worker Training Grant 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 NCWorks Incumbent Worker Training Grant;
- 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 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;
- The Business agrees to adhere to all reporting requirements; and to respond to a Customer Satisfaction Survey(s), if asked; and
- 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

EXPIRED

ATTACHMENT A
TRAINING COMPONENT # _____

Course Title:		
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:	
Please provide information for the training provider.		
Name of Training Provider:		
Name of Training Provider Contact:		Phone:
Address:		
City:	State:	Zip:
E-Mail Address:		
Provide the following information for <u>each</u> Instructor of this Component.		
Name of Trainer/Instructor:		
Qualifications of Trainer/Instructor to Teach Component:		
Please provide the information requested in questions 1-3.		
1.	Identify the skills gaps of the employees to be trained.	
2.	<p>Explain how the training will address the identified skills <u>and</u> impact the company's stability by either:</p> <ul style="list-style-type: none"> • Helping employees retain a job with changing skill requirements; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Helping employees retain employment by upgrading skills that qualify them for a different job with their employer. 	
3.	How will this training component impact the employees' 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.

**ATTACHMENT B
PROJECT ABSTRACT**

SECTION VI.

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 requested training will address employees' skill gaps and impact company stability; and
4. Reason for requesting financial assistance to conduct the training.

Expired

ATTACHMENT C

Reimbursable / Non-Reimbursable Training Costs

The following is a listing of reimbursable and non-reimbursable training costs for the NCWorks IW Training Grant:

Allowable Training Costs:

1. Training / Course registration
2. Training that results in participants obtaining an industry-recognized certification or credential to include training preparation for certification exams. Funding must be requested for both the training and the certification exam and completed within the twelve (12) month contract
3. Web-based online training
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks / manuals used 100% for the training activities
6. Materials and supplies directly related to the funded training
7. Travel for trainers-if the requested training is not available within reasonable proximity to the business

Non-Allowable Training Costs:

1. Employee related costs such as wages, fringe benefits, travel
2. Process improvement or quality-related training
3. Training-related costs incurred prior to the beginning date of the contract with the LWDB or after the contract ends.
4. Training that employees are already provided, either by the company or on the company's behalf
5. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws
6. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification or accreditation
7. Courses that are part of a trainee's pursuit of an educational degree
8. Employment or training in sectarian activities
9. Curriculum design and/or training program development
10. Trainers employed by any business whose employees are being trained to include parent company employees
11. Purchase of employee assessment systems or systems usage licenses (example: site licenses)
12. Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
13. Third party compensation or fees not directly related to the provision of the requested training
14. Any costs that would normally be considered allowable, but for which there is no request/cost for training related to the item(s) within the application
15. Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable (long lasting and/or reusable) training materials
16. Business relocation or other similar/related expenses
17. Travel outside of contiguous United States or costs associated with bringing a trainer into the country
18. General office supplies and non-personnel services costs (example: postage and photocopying)
19. Membership fees/dues
20. Food, beverage, entertainment, and/or celebration related expenses
21. Job/position profiling
22. Publicity/public relations costs
23. Costs associated with conferences

**ATTACHMENT D
MULTIPLE BUSINESS COLLABORATIVE FORM**

All of the companies included in the grant must complete Attachment D, but not the lead applicant, and each company must be included on the Application Overview.

This attachment(s) is to be included as part of the completed application.

A. Applicant Information

Business Name:			
Street/Mailing Address:			
City/State:		Zip:	County:
Business Contact Person:		Title:	
Phone:	Ext:	Fax:	
E-Mail Address:		Company Website:	
Description of Business Product(s) or Service(s):			
Years in business at training location:	Total number of paid employees at this location:	Total number of paid employees throughout NC:	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 Insurance 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 Business Name:		
Street/Mailing Address:		
City/State:		Zip: County:
Authorized Representative:		Title:
Phone:	Ext:	Fax:
E-Mail Address:		Company Website:

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. Explain how the training will address those skills gaps by: helping employees retain a job with changing skill requirements; OR by helping employees retain employment by upgrading skills that qualify them for a different job with their employer.

(Cell will expand as you type.)

AUTHORIZATION AND CERTIFICATION FOR ATTACHMENT D

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 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;
- The Business agrees to adhere to all reporting requirements: and to respond to a Customer Satisfaction Survey(s), if asked; and
- 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

EXPIRED

**APPLICATION ASSESSMENT
NORTH CAROLINA
NCWORKS INCUMBENT WORKER TRAINING
PROGRAM YEAR JULY 1, 2014 – JUNE 30, 2015**

PURPOSE: The purpose of this document is to provide a common assessment methodology for each application submitted for the NCWorks Incumbent Worker Training Grant (NCWorks IW).

INSTRUCTIONS:

- 1) Complete **one form per application** received by the Local Workforce Development Board (LWDB). Each form will be used to assess the application for adherence to criteria and completeness.
- 2) LWDBs are responsible for assessing the quality of the information and assuring that the information addresses and supports the eligibility criteria.

There are **two** types of review required.

A) **Criteria Eligibility** – noted by “C” in front of the appropriate questions

- A “**NO**” on a criteria question indicates that the application is not viable for NCWorks IW, with the possible exception of the training component assessments.
- A “**NO**” on a training component criteria question indicates that the specific training component is not eligible for funding.
- The LWDB is encouraged to work with a business in revising the application if it deems that the business has misunderstood, skipped or inaccurately answered criteria questions, if time and conditions allow.

B) **Quality Review** – noted by “Q” in front of the appropriate questions

- Incomplete applications are not eligible
- LWDBs have two options for incomplete applications
 - Work with the business to complete the application, or
 - Defer the business to the next round.

NORTH CAROLINA NCWORKS INCUMBENT WORKER TRAINING Application Assessment For PY 20 _____

Local Workforce Development Board (LWDB) _____

Round Date _____

Business Name _____

Amount Requested _____

Assessed by _____ Date _____

Complete one form for each application submitted.

Section I. Business Information			
A. Applicant Information			
Q--Have all fields been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Parent Company Information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
Q--Is the company a subsidiary of another company or affiliated with a parent company?			
Q--If Yes, has the company provided all information about the parent company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C. Business Status Checklist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C--Has the company been in operation in North Carolina during the entire 12 months preceding the State's submission deadline?			
C--Is the company current on all North Carolina state, federal, county, city, and local taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C--Is the business subject to collective bargaining?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
Q--If Yes, is a letter of endorsement included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the company meet ALL eligibility criteria in this section? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the application is not eligible for funding.			

Section II. Availability And / Or Use Of Other Funds

A. C--Does the application support the required communication with the local community college and/or a publicly-funded college or university, demonstrating that it is not eligible for or has exhausted efforts to secure funding and/or training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
B. Q--Is the training requested in this application available from any publicly-funded community college or university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C. Q--Has the applicant previously received funding from the Customized Training Program, New and Expanding Industry Training or Focused Industrial Training, or other training grants? 1. C--If yes, has the applicant provided complete information pertaining to the Funding Source, Award Amount, Dates of Grant Period, terms of the Grant, outcomes, and the relationship to the training requested in this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
D. Q--Has the applicant previously received any NC Works Incumbent Worker Training Grant funding? 1. C--If yes, has the applicant completed the information indicating the Board Name, Amount of Award, Dates of the Grant, types of training that were provided, terms of the Grant, outcomes, and the relationship to the training received and the relevance to training requested in this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
Does the information provided meet ALL eligibility criteria in this section? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, the application is not eligible for funding.			

Not Eligible

Section III. Training Plan

A. Training Summary

Does the application:

1. Q--Provide all Information? Yes No
2. C--Indicate that the project will occur after the beginning date of the contract with the LWDB, and before the contract ends? Yes No
3. C--Signify that the training will be completed within 12 months? Yes No
4. C--Reflect the number of employees to be trained to be less than or equal to the number of paid employees? Yes No

B. Collaborative Grant

Q--Is this a Collaborative Grant Application? Yes No

(If yes, Attachment D of the application and Attachment B of the Application Assessment must be completed for each non-lead participating business.

1. C--If Yes, have the names of all the companies and the number to be trained (unique count) been provided? Yes No

C. Training Components – Fill out one assessment for each Training Component. See Attachment A.

D. Incumbent Worker is defined as:

- 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;
- A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- An employee to be trained that works at a facility located in North Carolina or working for a staffing agency and placed at a North Carolina facility.

C--Has the applicant confirmed that all employees to be trained meet the definition of an Incumbent Worker as described above?

Yes No

E. Project Abstract

C--Has the applicant supplied a Project Abstract?

Yes No

C--Does it provide background information on the company, and an overview of the training that is requested?

Yes No

C--Does the abstract describe how the requested training will address employees' skill gaps and impact company stability?

Yes No

C--Is the rationale justifiable for requesting financial assistance for this training?

Yes No

Does the information provided meet **ALL** eligibility criteria in this section?

Yes No

If no, the application is not eligible for funding.

Section IV. Budget

C--Does the amount listed in the "Grant Funds Requested" column equal the total of the amounts shown under the "Component Cost Charged to Grant" found in each of the training components?

Yes

No

C--Have funds been requested for training/course registration?

****Note** This is a training grant and no other expenses can be considered without this grant expense.**

Yes

No

C--If funds are requested for certifications, certificates, and licenses, is it a direct result of the training requested?

Yes

No

C--Are all other grant-related expenses directly related to the requested training?

Yes

No

C--Are all granted-requested cost reasonable and allowable? (See pg. 7 – non-eligible cost)

Yes

No

C--Is the requested funding within the criteria limits (less than, or equal to: \$10,000 per grant and the business' lifetime limit)?

Yes

No

Does the application meet **ALL** eligibility criteria in this section?

Yes

No

If no, the application is not eligible for funding.

Section V. Authorization and Certification

C--By way of a signature, has a company-authorized representative certified the information provided within the application?

Yes

No

If no, the application is not eligible for funding.

ATTACHMENT A
Training Component # _____
Complete One Sheet Per Training Component

C--Is there a course title and course description and objectives for the training component?
Yes No

C--Has the applicant provided the training schedule and the estimated training dates?
Yes No

C--Has the applicant provided the number of trainees and training location?
Yes No

C--Does the application state the cost of the component and what portion of the cost will be charged to the grant?
Yes No

****Note** The "Component Cost Charged to the Grant" should capture all cost to be charged to the grant.**

C--Has the applicant named the Training Provider, Training Provider Contact with contact information to include address, phone number, and email address?
Yes No

C --Does the application provide the name of the trainer / instructor that will teach the training component and state her / his qualifications?
Yes No

C--Do the qualifications support the selection of the instructor for delivering the training?
Yes No

Questions 1-3

1. C--Does the application identify the skills gaps of the employees to be trained?
Yes No

2. C--Does the application explain how the training will address those skill gaps by either:

Yes Helping employees retain a job with changing skill requirement;

OR

Yes Helping employees retain employment by upgrading skills that qualify them for a different job with their employer.

3. C--Does the application describe how this training will impact the employees' opportunities for advancement in the company and / or wage increases?
Yes No

Review the Allowable / Non-Allowable Costs for NCWorks IW funding (Attachment A in the NCWorks IW Guidelines or Attachment C of the NCWorks IW Application).

C--Is this Training Component allowable for reimbursement?

Yes No

If no, the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable

Does this training component meet **ALL** the eligibility criteria in this section?

Yes No

If no, the Training Component is not eligible for funding. If this is the only Training Component submitted, the application is not viable.

ATTACHMENT B

**NCWorks Uncumbent Worker Training Grant
Collaborative Application Assessment
For PY 20 _____**

Complete **ONE** Collaborative Application Assessment for each **business** included in the application that is not the lead applicant.

This form correlates with Attachment D of the Application.

Section I. Business Information			
A. Applicant Information Q--Have all fields been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Parent Information Q--Is the company a subsidiary of another company or affiliated with a parent company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
Q--If Yes, has the company provided all information about the corporation / parent company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C. Business Status Checklist: C--Has the company been in operation in North Carolina during the entire 12 months preceding the date of the application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C--Is the company current on all North Carolina state taxes, federal taxes, county, city, and local taxes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C--Is the business subject to collective bargaining, and if so, is a letter of endorsement included? Q--If Yes, is a letter of endorsement included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments

<p>D. Q--Has the applicant previously received any Incumbent Workforce Development Training Grant funding?</p> <p>Q--If so, has the applicant completed the information indicating the Board Name, Amount of Award, Dates of the Grant, types of training that were provided, terms of the Grant, outcomes, and the relationship to the training received and the relevance to training requested in this application?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	<p>Comments</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------------------------------	------------------------

E. Has the collaborative business provided the following:

1. C-Identified the skills gaps of its employees to be trained?
Yes No
2. C-Explained how the training will address those skill gaps by:
 - Yes Helping employees retain a job with changing skill requirements?
 - OR**
 - Yes Helping employees retain employment by upgrading skills that qualify them for a different job with their employer.

Does the company meet **ALL** eligibility criteria in this section?
Yes No

If no, this business is not eligible to participate in this collaborative application.

Collaborative Business (Non-Lead) Authorization and Certification

C--By way of a signature, has a company-authorized representative certified the information provided within Attachment D for its business?
Yes No

If no, this business is not eligible to participate in this collaborative application.

