


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

DWS POLICY STATEMENT NUMBER: PS 18-2015

Date: September 21, 2015

**Subject: Program Year 2015 Statewide NCWorks
Incumbent Worker Training Grant**

From:


William H. Collins, Jr.
Assistant Secretary for Workforce

Purpose: To provide guidance and criteria for the statewide NCWorks Incumbent Worker Training Grant (NCWorks IW) operated under the Workforce Innovation and Opportunity Act (WIOA) for Program Year (PY) 2015 per WIOA Section 134(d)(4).

This Policy Statement rescinds DWS Policy Statement Number: 09-2014.

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 the NCWorks IW Training Grant.

Effective Date: Immediately

Expiration: June 30, 2016

Contact: Division Business Services Specialist

Attachments:

1. NCWorks IW PY 2015 Guidelines for Business
2. NCWorks IW PY 2015 Application
3. NCWorks IW PY 2015 Application Assessment
4. NCWorks IW PY 2015 Guidelines for Local Workforce
5. NCWorks IW Application Overview
6. NCWorks IW Quarterly Report
7. NCWorks IW Final Report

Expired

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

NCWORKS

Expired

GUIDELINES

PROGRAM YEAR

JULY 1, 2015 - JUNE 30, 2016

**NORTH
CAROLINA**

DEPARTMENT OF COMMERCE

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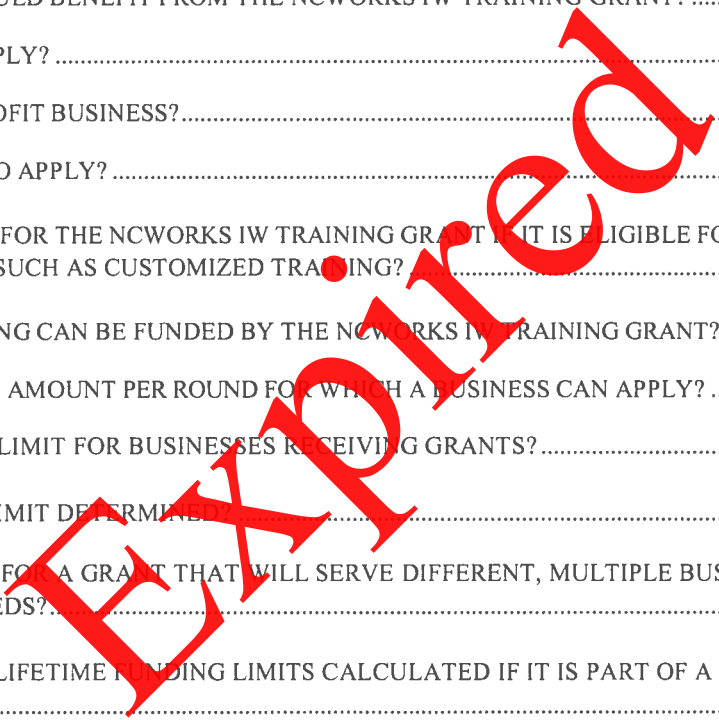
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Expired

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

KEY POINTS:

- The NCWorks IW Training Grant is a competitive training grant through which qualifying businesses can address employees' skills 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 should result in increased knowledge, certifications, and will increase the competitiveness of the employee and employer.
- North Carolina for profit and not for profit businesses with an employer-employee relationship with at least five 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 \$60,000.
- 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 of 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>
November 30, 2015	January 13, 2016
* March 31, 2016	* May 12, 2016
* 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' skills 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 should result in increased knowledge, certifications, and will increase the competitiveness of the employee and employer.

WHAT IS AN INCUMBENT WORKER?

An incumbent worker is:

- a. At least 18 years of age and a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. An employee with an established employment history with the employer for 6 months or more

- (the employee must be in an employer-employee relationship at least 6 months prior to the NCWorks IW Training Grant's state submission deadline date);
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
 - e. An employee to be trained that works at a facility located in North Carolina.

WHAT IS AN EMPLOYER-EMPLOYEE RELATIONSHIP?

In order for the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions to apply to a worker, the worker must be an "employee" of the employer. This means that an employment relationship must exist between the worker and the employer. The FLSA defines "employ" as the work that the employer directs or allows to take place. Workers who are economically dependent on the business of the employer and will receive a W-2 for tax filing purposes have an employer-employee relationship.

An individual that does not meet the employer-employee relationship are;

- Those who will receive a 1099 for tax filing purposes or
- Those who are placed through a temporary agency.

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, helps stabilize the business, and will increase the competitiveness of the employee and employer. These employees either:

- Need to upgrade skills and knowledge to retain their current job;
- 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.

An ideal incumbent worker opportunity is one where a participant acquires new skills allowing him or her to move into a higher skilled and higher paid job within the company, thus allowing the company to hire a job seeker to backfill the incumbent worker's position.

WHO IS ELIGIBLE TO APPLY?

A business that is eligible to apply:

- Is a North Carolina for-profit and not-for-profit business;
- Has an employer-employee relationship with the trainees;
- Has at least 5 or more employees with which there is an employer-employee relationship;
- Has been in operation in North Carolina for a minimum of one year prior to the State's submission deadline date;
- Is current on all federal and state obligations; and
- Is financially viable.

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 of \$60,000 is 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 of \$60,000.
- 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?

The lifetime limit is \$60,000. 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. This applies to all applicants, regardless if they have received a grant before.

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?

Businesses that have received a NCWorks IW Training Grant and have not reached the lifetime funding limit of \$60,000, are eligible to apply for the difference of the prior grant award(s) and \$60,000.

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 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 common training needs of **two or more businesses** will be subject to the \$12,500 per training grant.

HOW ARE BUSINESSES' LIFETIME FUNDING LIMITS CALCULATED IF IT IS PART OF A COLLABORATIVE APPLICATION?

The amount of the award will be equally portioned among the businesses included in the application.

Example: Two businesses receive a collaborative training grant in the amount of \$12,500. Each business will have \$6,250 credited towards its lifetime funding limit of \$60,000.

IS THE BUSINESS REQUIRED TO CONTRIBUTE?

The employer or group of employers must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the cost, for employers with not more than 50 employees;
- Not less than 25% of the cost, for employers with more than 50 employees, but not more than 100 employees; and
- Not less than 50% of the cost, for employers with more than 100 employees.

The number of employees is based on all locations within North Carolina. The business will be required to calculate its actual non-federal share at the conclusion of the training. Should the non-federal share not meet the limits, the funds could potentially have to be repaid.

WHAT IS THE NON-FEDERAL SHARE?

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending a training program. The employer may provide the share in cash or in kind, fairly evaluated. Examples of the non-federal share are trainees' wages, on-site facility usage, trainees' travel, food, and lodging.

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

See Attachment A for a list of allowable and non-allowable costs.

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 Innovation and Opportunity Act (WIOA) addresses such needs by increasing workers' skills, wages, advancement opportunities, 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/ncworks-incumbent-worker-training-grants>.

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/ncworks-incumbent-worker-training-grants>. 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 PDF fillable 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.

IS AN AUTHORIZED ELECTRONIC SIGNATURE ACCEPTABLE?

Yes. All sections requiring a signature must have an authorized signature. An electronic or original signature of an authorized individual is acceptable.

WHAT TECHNICAL ASSISTANCE IS AVAILABLE TO ASSIST THE BUSINESS?

Businesses and vendors should contact the LWDB staff for technical assistance throughout the process.

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.

State Submission Deadline

November 30, 2015

* March 31, 2016

* Pending Funding Availability

Grant Award Announcement

January 13, 2016

* May 12, 2016

HOW WILL FUNDING DECISIONS BE MADE?

The LWDB will review the application for viability and make funding recommendations 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 an extenuating circumstance that leads to 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 trainees' originally identified skills gaps, be completed within the original one-year timeframe, and meet the NCWorks IW criteria. The LWDB will evaluate each request on a case-by-case basis, and consult with the Division for a final 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 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. The business must also ensure that each trainee has an

employer-employee relationship and an employment history of 6 months or more with the employer.

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.

Expired

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. 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 the company or an entity on the company's behalf already provides to its employees.
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, 2015 - JUNE 30, 2016

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:
	How many of these employees have an employer-employee relationship?		
Legal Structure of Business:	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation (Designation)
	For-profit <input type="checkbox"/>	Not-for-Profit <input type="checkbox"/> (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?				<input type="checkbox"/>	<input type="checkbox"/>
				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 date?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Is your company current on all North Carolina state taxes?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Is your company current on all federal taxes?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Is your company current on all county, city and local taxes?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Does your company have an employer-employee relationship with all of the trainees?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Is your company subject to a collective bargaining agreement? (If "Yes," please attach a letter of endorsement for the training from the authorized union official)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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.

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

Contact:	Institution:
Outcome of discussion:	

Contact:	Institution:
Outcome of discussion:	

B. Are any of the training components described in this application available from any publicly-funded community college or university?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

Expired

Funding Source:	Amount of Award:	Dates of Grant Period:
Types of training provided:		
Have the terms and agreements of the training been completed? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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 Incumbent Worker Training Grant?

<input type="checkbox"/>	<input type="checkbox"/>
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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

EXPIRED

E. Has your company previously received a Local Incumbent Worker Training Grant?

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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

Expired

F. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employer and employee by either:

Upgrading their skills and knowledge to retain their current job,

or

Gaining new skills and knowledge so they qualify for a different job with their employer.

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.

C. 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.

D. Incumbent Worker Defined:

An incumbent worker is:

- a. At least 18 years of age, a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- c. An employee with an established employment history with the employer for 6 months or more (the employee must be in an employer-employee relationship at least 6 months prior to the NCWorks IW Training Grant’s state submission deadline date);
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- e. An employee to be trained that works at a facility located in North Carolina.

Are all employees to be trained an eligible Incumbent Worker as described above?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------------	--------------------------------

E. 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’ skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer.
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 must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the cost, for employers with not more than 50 employees;
- Not less than 25% of the cost, for employers with more than 50 employees, but not more than 100 employees;
- Not less than 50% of the cost, for employers with more than 100 employees.

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending training. The employer may provide the share in cash or in kind, fairly evaluated. 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's Non-Federal Share (Wages, in kind, cash, etc)*	Explanation and Detail <small>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.</small>
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's Non-Federal Share (Wages, in-kind, cash, etc.)*	Explanation and Detail
Training equipment purchase (can be employer's non-federal share)			
On-site facility usage (can be employer's non-federal share)			
Employees' travel, food, lodging (can be employer's non-federal share)			
Employees' wages (can be employer's non-federal share)			
Total Funds (Both Grant and ENFS)	\$	\$	TOTAL TRAINING INVESTMENT (Grant + ENFS): \$

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.

*The number of employees is based on all locations within North Carolina

SECTION V. AUTHORIZATION AND CERTIFICATION

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

- I have read the NCWorks 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 employees, applicant for employment, applicant or Workforce Innovation and Opportunity 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. Explain how the training will address the identified skills gap, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either:		
<input type="checkbox"/> Upgrading their skills and knowledge to retain their current job;		
<input type="checkbox"/> Gaining new skills and knowledge so they qualify 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 the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer;
4. Reason for requesting financial assistance to conduct the training.

Expired

ATTACHMENT C

REIMBURSEABLE/NON-REIMBURSEABLE 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 the company or an entity on the company's behalf already provides to its employees.
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:
	How many of these employees have an employer-employee relationship?		
Legal Structure of Business:	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation (Designation)
Tax Status of Business:	For-profit <input type="checkbox"/>	<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 <input type="checkbox"/> No <input type="checkbox"/>

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 state's submission deadline date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company current on all North Carolina state taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company current on all federal taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company current on all county, city, and local taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have an employer-employee relationship with all of the trainees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company subject to a collective bargaining agreement? (If "Yes," please attach a letter of endorsement for the training from the authorized union official)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Has your company previously received a NCWorks Incumbent Worker Training Grant?

<input type="checkbox"/> Yes	<input type="checkbox"/> 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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

E. Has your company previously received a Local Incumbent Worker Training Grant? 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? (If no, explain.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Summary of the outcome(s) from the training:		
Explain the relationship, if any, to the training described in this application:		

F. Explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either:

Upgrading their skills and knowledge to retain their current job,

or

Gaining new skills and knowledge so they qualify for a different job with their employer.

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 Innovation and Opportunity 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

Expired

**APPLICATION ASSESSMENT
NORTH CAROLINA
NCWORKS INCUMBENT WORKER TRAINING
PROGRAM YEAR JULY 1, 2015 – JUNE 30, 2016**

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	
C—Does the company have 5 or more employees with an employer-employee relationship? (Note: Companies funded during PY 2013 with less than 5 employees are grandfathered in. – Answer "Yes" if that applies.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
B. Parent Company Information	Comments		
Q--Is the company a subsidiary of another company or affiliated with a parent company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
C--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:	Comments		
C--Has the company been in operation in North Carolina during the entire 12 months preceding the State's submission deadline date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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—Does the company have an employer-employee relationship with all of the trainees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Q--Is the business subject to collective bargaining?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
C--If Yes, is a letter of endorsement included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<p>Refer to the answers above and the Business Guidelines, especially "Who is eligible to apply", "What is a not-for-profit business?", "Who is not eligible to apply?" and "What is an employer-employee relationship?"</p> <p style="text-align: center;">Does the company meet ALL eligibility criteria?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">If NO, the application is not eligible for funding.</p>			

Round Date: _____

Business Name: _____

Section II. Availability And / Or Use Of Other Funds			
<p>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?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Comments</p>
<p>B. Q--Is the training requested in this application available from any publicly-funded community college or university?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Comments</p>
<p>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?</p> <p>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?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Comments</p>
<p>D. Q--Has the applicant previously received any NC Works Incumbent Worker Training Grant funding?</p> <p>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 requested in this application?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Comments</p>
<p>E. Q – Has the applicant previously received a Local Incumbent Worker Training Grant?</p> <p>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 requested in this application?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>Comments</p>
<p>Does the information provided meet ALL eligibility criteria in this section?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, the application is not eligible for funding.</p>			

Round Date: _____

Business Name: _____

Section III. Training Plan		
<p>A. Training Summary Does the application:</p> <p>1. Q--Provide all Information?</p> <p>2. C--Indicate that the project will occur after the beginning date of the contract with the LWDB, and before the contract ends?</p> <p>3. C--Signify that the training will be completed within 12 months?</p> <p>4. C--Reflect the number of employees to be trained to be less than or equal to the number of paid employees?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
<p>B. Collaborative Grant Q--Is this a Collaborative Grant Application? (If yes, Attachment D of the application and Attachment B of the Application Assessment must be completed for each non-lead participating business.)</p> <p>1. C--If yes, have the names of all the companies and the number to be trained (unique count) been provided?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
<p>C. Training Components – Fill out one assessment for each Training Component. See Attachment A.</p> <p>D. Incumbent Worker is defined as:</p> <ul style="list-style-type: none"> • At least 18 years of age and a paid employee of the applicant business or businesses; (Note - 1099 and temp employees are not eligible). • In a relationship that meets the Fair Labor Standards Act requirements for an employer-employee; • An employee with an established employment history with the employer for 6 months or more; • 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. <p>C--Has the applicant confirmed that all employees to be trained meet the definition of an Incumbent Worker as described above?</p>	<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>
<p>E. Project Abstract</p> <p>C--Has the applicant supplied a Project Abstract?</p> <p>C--Does it provide background information on the company, and an overview of the training that is requested?</p> <p>C--Does the abstract describe how the requested training will address employees' skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer?</p> <p>C--Is the rationale justifiable for requesting financial assistance for this training?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
<p>Does the information provided meet ALL eligibility criteria in this section?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If NO, the application is not eligible for funding.</p>		

Round Date: _____

Business Name: _____

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 grant-requested costs reasonable and allowable? (See pg. 13 – non-eligible costs)

Yes

No

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

Yes

No

C--Does the non-federal share meet or exceed the required percentage of funds as specified by the size of the business?

Yes

No

****Note** This is based on the number of employees at all locations within North Carolina.**

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.

Round Date: _____

Business Name: _____

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C--Has the applicant provided the training schedule and the estimated training dates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C--Has the applicant provided the number of trainees and training location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C--Does the application state the cost of the component and what portion of the cost will be charged to the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C--Does the application provide the name of the trainer/instructor that will teach the training component and state her/his qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C--Do the qualifications support the selection of the instructor for delivering the training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Questions 1-3		
1. C--Does the application identify the skills gaps of the employees to be trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. C--Does the application explain how the training will address the identified skills gaps, improve employee retention, impact company stability, and increase the competitiveness of the employee and employer by either: Upgrading their skills and knowledge to retain their current job;	<input type="checkbox"/>	
OR		
Gaining new skills and knowledge so they qualify for a different job with their employer;	<input type="checkbox"/>	
3. C--Does the application describe how this training will impact the employees' opportunities for advancement in the company and/or wage increases?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

Round Date: _____

Business Name: _____

ATTACHMENT B

**NCWorks Incumbent 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"/>	<input type="checkbox"/>	Yes No
C--Does the company have 5 or more employees? (Note: Companies funded during PY 2013 with less than 5 employees are grandfathered in. – Answer Yes if that applies.)	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
B. Parent Information			Comments
Q--Is the company a subsidiary of another company or affiliated with a parent company?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
Q--If Yes, has the company provided all information about the corporation / parent company?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
C. Business Status Checklist:			Comments
C--Has the company been in operation in North Carolina during the entire 12 months preceding the date of the application?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
C--Is the company current on all North Carolina state taxes, federal taxes, county, and local taxes?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
C--Does the company have an employer-employee relationship with all the trainees?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
Q--Is the business subject to collective bargaining, and if so, is a letter of endorsement included?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
C--If Yes, is a letter of endorsement included?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
D. Q--Has the applicant previously received any Incumbent Workforce Development Training Grant funding?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No
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?	<input type="checkbox"/>	<input type="checkbox"/>	Yes No

Round Date: _____

Business Name: _____

E. Has the collaborative business provided the following:	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
Upgrading their skills and knowledge to retain their current job:	<input type="checkbox"/>	
OR		
Gaining new skills and knowledge, so they qualify for a different job with their employer?	<input type="checkbox"/>	

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

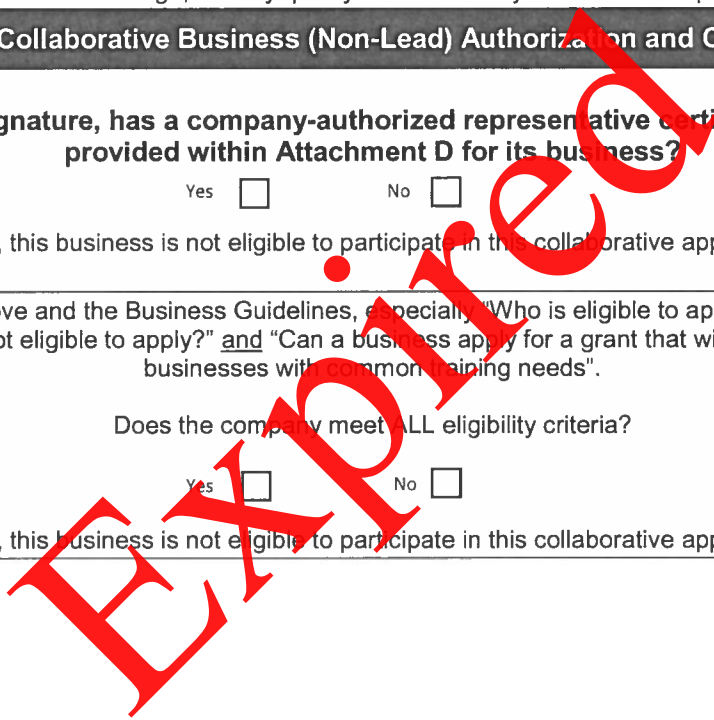
If NO, this business is not eligible to participate in this collaborative application.

Refer to the answers above and the Business Guidelines, especially "Who is eligible to apply", "What is a not-for-profit business?", "Who is not eligible to apply?" and "Can a business apply for a grant that will serve different, multiple businesses with common training needs".

Does the company meet ALL eligibility criteria?

Yes No

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



**THE STATE OF NORTH
CAROLINA**

**NCWORKS INCUMBENT
WORKER**

TRAINING GRANT

NCWORKS

**STATE
BOARD GUIDELINES
PROGRAM YEAR**

JULY 1, 2015 - JUNE 30, 2016

**NORTH
CAROLINA**

DEPARTMENT OF COMMERCE

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

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Expired

PY 2015 NCWorks Incumbent Worker Training Grant
Guidelines for Local Workforce Development Boards

These Guidelines serve as instruction and guidance to administering the State NCWorks Incumbent Worker (NCWorks IW) Training Grant. These guidelines, the Business Guidelines, and the Application Assessment are the primary documents to aid the Local Workforce Development Boards (LWDBs) in efficiently and effectively administering the NCWorks IW Training Grant. A LWDB may require additional information as it deems appropriate.

I. Application Submission at the Local Board Level

The LWDB will establish the structure and timeline of the local review process so it can meet the State's submission deadline.

The Division of Workforce Solutions (DWS) will accept the LWDB's funding selection **by 5:00 pm** on:

State Submission Deadlines

November 30, 2015

***March 31, 2016**

* PENDING FUNDING AVAILABILITY

II. Application Review at the Local Board Level

Using the Business Guidelines, Application Assessment and other tools as deemed appropriate, the LWDB will evaluate each application to ensure its viability. It should consider only an accurately completed application that meets all of the criteria for funding recommendation.

The LWDB is strongly encouraged to adopt a team or group decision-making process for the application review and grant recommendation in this competitive process.

A. Acceptable Application Package

All information is to be provided within the PDF fillable application. It should include any additional information that the LWDB requires.

A trainer's qualifications, course description and objectives should be summarized within the form. The trainer's resume or other excess information should not be included.

B. Determination of Prior NCWorks IW Grants

A single lifetime funding limit applies to a business, its parent company and subsidiaries. A complete listing of all companies that have received the NCWorks IW Training Grant can be found at <https://www.nccommerce.com/workforce/businesses/ncworks-incumbent-worker-training-grants>.

Determination of the remaining lifetime limit requires the LWDB to contact the DWS' Business Services Specialist to ensure that this request for funding does not exceed the different of prior grants and the lifetime funding limit of \$60,000.

C. Application Assessment

The purpose of the Application Assessment is to provide a common assessment of the state-level criteria for each application received by the LWDB. The results of this assessment determines the viability of the application. Refer to the Application Assessment that is an attachment of the most recent policy statement.

D. Incomplete Applications

Boards are encouraged to work with businesses to ensure that a viable application is submitted for funding consideration. Not all businesses' training needs can be met through NCWorks IW.

E. Out-of-State Training

Funds awarded for a project will be expended on training activities that take place in North Carolina **unless** the LWDB approves training outside the state. Should out-of-state training be allowed, all other rules and regulations of the NCWorks IW still apply.

F. Collaborative Grant Applications

Multiple/unique businesses may partner and apply for a collaborative training grant with a maximum funding amount of \$12,500. The LWDB is encouraged to work with unique businesses in high demand sectors within their regions to complete collaborative applications. The following information further supports and explains the information contained in the NCWorks IW Application:

- A business can benefit only once from a collaborative training grant award
- The LWDB will contract with the Lead Applicant, who must have employees included in the training
- The LWDB will contact the DWS NCWorks IW Business Services Specialist to ensure the funding request does not exceed lifetime funding limits.

All businesses and the trainees included in the application must meet all NCWorks IW criteria.

III. Grant Recommendation Request to DWS

The LWDB will submit the grant recommendation request according to the State's Submission Deadlines of November 30, 2015 and March 31, 2016 for PY2015. If the applications submitted to the State do not meet the criteria, or require changes to ensure accurate and viable applications, the LWDB will be notified that the recommendation for funding is disqualified.

Submissions received after 5pm on these dates will not be accepted.

The following documents are required for the grant recommendation request:

A. Cover Letter from the LWDB

The LWDB will submit a single cover letter, endorsed by the LWDB's Chairperson, addressing the applications recommended for funding. One letter for multiple selections will suffice. The Cover Letter must include:

- The name of the business(es) recommended for funding;
- Prioritization of business(es) that meet the State's criteria;
- Approval of out-of-state training, if applicable; and
- The presence of any collaborative grants selected for funding, if applicable.

The following documents are required for **each** business recommended for funding, in an individual application packet format:

B. Complete Application Package

C. Completed State Application Assessment

D. Electronic Application Overview

The Application Overview captures key information. There are two worksheet tabs. One is an Instruction Worksheet; the other is the Input Application Data Worksheet. The Instruction Worksheet provides detailed directions for completion and electronic submission. The Application Overview spreadsheet must be submitted to the state electronically. One may not need to reference the Application Overview instructions after completing the form several times.

Submission Format

The recommendations for funding from the LWDB to DWS is acceptable by email (preferred method), the US Postal Service, other carrier, fax, or hand delivered. Due to the size of some of the submissions, preference is that each application be submitted on a separate email.

If the recommendation for funding is by email, the instructions for submission are as follows:

- The first email will contain the Board's cover letter and the Application Overview (Excel sheet with all the businesses recommended for funding and all the pertinent data on ONE sheet);
- The subject line of the email submission will be Board Name- Business Name - 1 of the total # of recommendations for funding that is being submitted, then the second email subject line will be Board Name-Business Name- 2 of the total # of recommendations for funding.
- For efficiency purposes, all submissions are to be submitted consecutively on the same day.

The date and time stamp of the submission are not to exceed 5:00 pm on the State's Submission Deadline dates stated previously.

Execution of the review and submission process does not imply a start date for training. Contracts cannot be entered into until receipt of a congratulatory award letter from an authorized representative of DWS.

IV. DWS Grant Award Notification

The Award Notification occurs in two steps:

A. Award Letter

Upon review of the recommendations for funding, the state will notify the LWDB in the following manner:

1. An electronic congratulatory award letter from an authorized official of DWS
 - LWDB may then notify its applicants as to the status of their applications, and begin the contract process.

B. Notice of Funds Availability (NFA)

The Notice of Funds Availability (NFA) is generated in Workforce Information System Enterprise (WISE) from the respective DWS Planner. The dates within the NFA are important because:

1. The date of the NFA letter begins the 60-day time period within which the contract with the business must occur.
2. The NFA will include the end date for the use of the funds.

V. Contract Process and Duration

The LWDB is responsible for oversight of each contract to ensure alignment with the approved application and all regulatory requirements.

The LWDB works with the applicant to generate the contract within the 60-day time period from the date of the NFA Letter. Each contract will have a definite beginning and ending date not to exceed 12 months and will include other information required by the LWDB.

If a contract is not executed within that time frame, the award becomes null and void and the entire grant award will be rescinded.

Payment to the business is on a cost reimbursement basis for training cost in the approved application.

Below is the timeline for the contract execution, completion of training, and funds availability.

PY 2015 NCWorks Incumbent Worker Training Grant Funding Availability Time Line

<i>State's Submission Deadlines by Round</i>	<i>Expected Award Announcement Date</i>	<i>NFA Letter Date *</i>	<i>Contract Execution Date**</i>	<i>Contract End Date***</i>	<i>End Date for Fund Availability</i>
11/30/15	1/13/16	1/ /16	3/ /16	3/ /17	4/30/17
3/31/16	5/12/16	5/ /16	7/ /16	7/ /17	8/31/17

*Actual date will vary. The actual date will be used to calculate the Contract Execution Date

**No later than 60 days from the date of the NFA letter.

***No later than 12 months from the Contract Execution Date.

VI. Requests for Changes to NCWorks IW Training Grant Award

The NCWorks IW Training Grant is a competitive process and changes are not encouraged. Only under *extenuating circumstances*, a business may request a change to its current NCWorks IW training grant. The business is to submit its request to the Local Workforce Development Board (LWDB) for consideration.

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 trainees' originally identified skills gaps, be completed within the original one-year timeframe, and meet the NCWorks IW criteria. The LWDB will evaluate each request on a case-by-case basis, and consult with the Division for a final decision.

The following guidelines shall be used for the review process:

A. LWDB Review of Change Requests

1. The following questions serve as a beginning point:

- a. Does the request meet the continued intent of the NCWorks IW, which is to address employees' skills gaps and impact company stability?
- b. Does the request create a new application by changing the original trainees, type of training, or other major changes? If yes, the request for change will not be permitted.
- c. Does the request meet the NCWorks IW criteria?
 - 1) The change is to be reviewed with the appropriate section of the Application Assessment.
Example: A training component change would be assessed against that section of the Application Assessment.
- d. Will the skills gaps of those employees slated for training in the originally approved application be addressed, if the change is approved?
 - 1) If no, then further consideration of 1.a. and 1.b. above is needed.
- e. Can the requested change be completed within the time frame of the existing grant round/contract?

- 1) Time extensions are not encouraged, but in extenuating circumstances, extended time cannot exceed the existing contract by more than 30 days.
- f. Are there other considerations to be addressed in reviewing this request? (i.e. Board requirements, reasonableness of cost, etc.)

2. The LWDB will maintain a copy of all of the documentation at the local level.

B. Notification to DWS of Change Request

1. Boards will submit an email to DWS' Business Services Specialist.
2. The email will include:
 - a. The business name, program year and round date of the funds designated for the training;
 - b. An explanation of why the change/extension is requested, to include confirmation that the training requested addresses the originally identified skills gaps, if applicable, and does not create a new application;
 - c. Ensure that all of the eligibility criteria are met;
 - d. Confirm that all training will be at the same or lesser cost; and
 - e. Attachment A of the application addressing the new Training Component(s), if applicable.

Upon DWS' review, it will make a final decision on the request.

Unused funds are to go through the de-obligation process with DWS. Businesses may reapply for the NCWorks IW during the normal competitive funding rounds.

VII. Participant Data Entry

NCWorks IW trainees must be entered into NCWorks Online within thirty (30) days of beginning the training. Directions for participant data entry can be located in the NCWorks folder after logging into staff account.

Below is the minimum information on trainees that DWS is requiring; a LWDB may collect more if it so chooses. Ask up to the LWDB as to how it will collect this information for required data entry in NCWorks Online and record retention.

The LWDB must collect the following information for every trainee:

- 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

VIII. Reporting Requirements

The LWDB will be expected to monitor and evaluate each training grant. DWS NCWorks IW Business Services' Specialist will work proactively with the LWDB by enhancing training and technical assistance, to include field visits and webinars.

A. Quarterly Reporting

Each LWDB administering the NCWorks IW Training Grant must submit a quarterly report to DWS. The first reporting timeframe is to begin in the quarter in which the cover letter to the Notice of Funds Availability is dated. All quarterly reports are due no later than thirty (30) days after the end of the calendar quarter.

Examples:

Quarter	Report Due Date
October – December, 2015	January 29, 2016
January – March, 2016	April 29, 2016
April – June, 2016	July 29, 2016
July – September 2015	October 30, 2015

Quarterly reports are *due as long as* NCWorks IW Training contracts are in place. To ensure that DWS has current contact information for grantees, please update changes to the Point of Contact as specified in the Quarterly Report.

The Quarterly Report form and additional instructions are included in an email with the Application Overview Sheet. The LWDB may collect additional information for its records as it deems appropriate.

Once the training is complete, a Final Report is due to the NCWorks IW Business Services Section of DWS.

B. Final Reporting

At the conclusion of the training, the LWDB will submit a Final Report on the NCWorks IW Training Grant. The LWDB is responsible for ensuring that all information requested in the Final Report is provided and is encouraged to assist the business in its completion. The final report must capture the business' actual non-federal share contribution and the LWDB is to ensure the business has met the required limits. Should the non-federal share not meet the limits, the funds could potentially have to be repaid. The LWDB may also collect additional information for its records as it deems appropriate.

The Final Report is due to DWS within forty-five (45) days from the completion of training and the drawdown of all expenditures or the end of the grant, whichever occurs first. The final financial data included on the Final Report must be completed by the LWDB and must agree with the fund status reported in WISE. The Final Report is to be signed/sent by an authorized representative of the LWDB, preferably by email.

The Final Report form and additional instructions are included in an email with the Application Overview Sheet and the Quarterly Report Form.

IX. Record Retention

NCWorks IW records include the following documents and must remain in the office for a minimum of five (5) years after the expiration of the grant.

A. NCWorks IW Records

NCWorks IW records may be in paper and/or electronic formats and include:

- Email correspondence relevant to each application;
- Cover letter;
- Completed application, to include all attachments;
- Application Assessment;
- Application Overview;
- Award letter;
- Notice of Funds Availability; and
- Other documents required by the LWDB.

NCWorks IW Records must remain in the office for five (5) years after expiration of the grant, if no litigation, claim, audit, or other official action involving the record has been initiated.

NOTE: If the LWDB's record retention is more stringent than DWS's retention policy, the LWDB must follow the most stringent regulation.

X. **Incomplete Grant Awards**

When training is not completed as approved in the grant, the LWDB will need to address the de-obligation of unspent funds and the appropriate reporting process. The appropriate process is determined by whether or not training occurred.

Examples of when incomplete awards may occur are, but not all inclusive:

- Lack of contract with the business within the 60-day deadline;
- Decline of award by the business;
- Occurrence of extenuating circumstances, such as a natural disaster or closing of the business; or
- Lack of federal funds.

A. Training has Occurred

1. If any training has been provided, then a Final Report will be due for this grant and the normal de-obligation process through WISE will be followed.

B. No Training has Occurred

1. If a company is awarded a NCWorks IW but is unable to expend any of the funds and forfeits the full grant amount, then:
 - The grant amount will not count against the total lifetime limit for that company. The entire amount will be de-obligated through WISE.
 - The LWDB will notify DWS by email within five (5) business days of the event.

2. Email notification to DWS

The email notification, to the DWS Business Services Specialist, will include the:

- Business Name;
- Round Date;
- Training Award Amount;
- Reason for the grant not being used; and
- LWDB's decision on keeping the administrative fee.

C. Unused Grant Awards

Due to the competitiveness of the NCWorks IW Training Grant and the need for fairly administering the program across all applicants, substitution or transfer of unused grant awards to unsuccessful applicants, or other businesses, is not allowed. Unused funds are to go through the de-obligation process with DWS. Businesses may apply for the NCWorks IW during the normal competitive funding rounds.

XI. Training Materials

Training materials purchased with the funds awarded through this Grant will be in the public domain and will be available for use by other eligible entities at no cost. It is the LWDB's choice concerning the retrieval of materials from its grant recipient.

XII. Administrative Fee

A two and one-half percent (2.5%) grant servicing fee is added to the funding for each approved project under the NCWorks IW Training Grant. The fee covers Local Workforce Development Board management and oversight associated with the project. Therefore, the LWDB has a choice as to whether it retains the administrative fees after considering the time spent with the applicant.

Expired

*NCWorks Incumbent Worker Training Grant
Application Overview*

Purpose of this Form: The Application Overview is designed to provide the Local Workforce Development Board (LWDB) with an electronic file for submitting the data for each NCWorks Incumbent Worker Training Grant (NCWorks IW) Application that the Board recommends for funding. The information will be imported into the Division of Workforce Solutions (DWS) IW Database.

Directions for Completing:

There is one document with instructions and one worksheet. It is recommended that these instructions be printed for ease of use.

All of the fields in the Input Application Data Worksheet have to be completed, with the exception of:

Parent Business Name, if the business is not a subsidiary of another business or affiliated with a parent company, there will be no entry. Type of Training and Training Provider, all fields will not be filled, if the application is requesting less than five Training Components.

All information can be found in the completed application with instructions for proper formatting and noting where the information is located. The following fields include drop down menus for selection:

- Local Area Name
- Round Date
- Small Business
- North American Industry Classification System (NAICS)
County
- For Profit
- Not-for-Profit
- Collaborative Grant
- Lead Applicant
- Previous Award

Directions for Submission:

Submit ONE Application Overview Sheet with all businesses recommended for funding and submit as instructed in the LWDB Guidelines.

The following is a crosswalk for completing the Input Application Data Worksheet, to show where the pertinent information is located in the application. It is recommended that you print these for future reference as you complete the worksheet. One may not need the Application Overview after completion of several applications.

Directions for Printing: Make sure you have Landscape Orientation selected before printing this document for your records.

BUSINESS INFORMATION (DATA CELLS A2 THROUGH L2)

Cell A2: Local Area Name

Full name of the LWDB will be selected from the drop down box.

Cell B2: Round Date

Round Date for PY 2015 is either November 30, 2015 or March 31, 2016. Choose the appropriate date from the drop down box.

Cell C2: Business Name

Section I. Business Information A. Applicant Information- Business Name

Cell D2: Type of Business

Section I. Business Information A. Applicant Information -Description of Business Product(s) or Services

Cell E2: Small Business

Section I. Business Information A. Applicant Information - Does the business applying for the grant have less than 100 total paid employees at this location? Employees at the applicant's location are counted as the Total Number of Paid Employees throughout NC less than 250? If the answer is YES to both criteria, select Y, otherwise select N from the drop down box.

Cell F2: NAICS Codes and Description

Section I. Business Information A. Applicant Information- North American Industry Classification System (NAICS) Code for applicant will be selected from the drop down box.

Cell G2: County

Section I. Business Information A. Applicant Information - County- will be selected from the drop down box.

Cell H2: Total Number of Paid Employees

Section I. Business Information A. Applicant Information- Total Number of Paid Employees at this location.

Cell I2: Number Employees in Employer Employee Relationship

Section I. Business Information A. Applicant Information. How many of these employees have an employer-employee relationship?

Cell J2: For Non-Profit

Section I. Business Information A. Applicant Information- Select Y for Yes or N for No from the drop down box.

Cell K2: Non Profit

Section I. Business Information A. Applicant Information- Select Y for Yes or N for No from the drop down box.

Cell L2: Parent Business Name

Section I. Business Information B. Parent Company- Provide the Name of the Parent Company, if your company is a subsidiary of another Company or affiliated with a parent company, provide the Parent Company Name.

TRAINING INFORMATION (DATA CELLS M2 THROUGH X2)

Cell M2: Number to be Trained

Section III. Training Plan A. Number of Employees to be Trained (Count Each **One** Time)

Cell N2: Type of Training 1

Attachment A: Training Component #1 – Course Title

Cell O2: Training Provider 1

Attachment A: Training Component #1 – Name of Training Provider

Cell P2: Type of Training 2

Attachment A: Training Component #2 – Course Title

Cell Q2: Training Provider 2

Attachment A: Training Component #2- Name of Training Provider

Cell R2: Type of Training 3

Attachment A: Training Component #3- Course Title

Cell S2: Training Provider 3

Attachment A: Training Component #3- Name of Training Provider

Cell T2: Type of Training 4

Attachment A: Training Component #4- Course Title

Cell U2: Training Provider 4

Attachment A: Training Component #4- Name of Training Provider

Cell V2: Type of Training 5

Attachment A: Training Component #5- Course Title

Cell W2: Training Provider 5

Attachment A: Training Component #5- Name of Training Provider

Cell X2: Training Comments

Note: If there are more than five training components, all must be captured. Examples of how this can be done are:

Combine components with like title and same training provider into one component (Excel I-III or Excel III, if provided by the same Training provider can be shown as Excel I-III and put in one “Type of Training.”) Training components that are related, but not necessarily similar titles as #1 above, AND have the same training provider can be clustered to fit within the five “Types of Training.” If there are still components not recorded after clustering, put the information in the “Training Comments.”

FINANCIAL INFORMATION DATA (CELLS Y2 through AD2)

Cell Y2: Collaborative Grant

Section III. Training Plan B. Collaborative Grant - Provides additional information if the application is collaborative. Select Y for Yes or N for No. If Y, an Overview Sheet entry is needed for each business involved.

Cell Z2: Lead Applicant

Section III. Training Plan B. Provides additional information if the application is collaborative. A collaborative grant only has one lead applicant, which is the Business in Section I. A. This will determine selection of a Y for Yes or N for No.

Cell AA2: Administration

This is a calculated number that is obtained from multiplying the Total Grant Funds Requested that is found in Section IV Budget, at the bottom of the budget column Grant Funds Requested and beside the row named Total Funds X 2.5%. Use rounding rules to adjust the amount up or down to a dollar amount (no cents). **NOTE: If the amount requested is adjusted to a lesser amount, then the lesser amount is to be used for calculating the Administration fee.**

Cell AB2: Training Award

This is a calculated number that is obtained from the Total Grant Funds Requested in Section IV Budget at the bottom of the budget column Grant Funds Requested and beside the row named Total Funds.

NOTE: Based on review of the application, the amount awarded may be less than requested. Use the lesser amount.

Cell AC2: Previous Award

Section II. Availability and/or Use of Other Funds 2 D. Select Y for Yes or N for No.

Cell AD2: Proposed Non Federal Share

This cell should be filled with the number in Section IV Budget of Employees Non-Federal Share column, in the Total Funds row.

Expired

Quarterly Report for NCWorks Incumbent Worker Training Grant

Quarter Ending: _____

Local Board Name: _____

Authorized Representative: _____

Signature: _____ Date: _____

1. Quarterly Reporting is required for every NCWorks Incumbent Worker Training Grant currently under contract. Once training has been completed the Final Report is due in 45 days.

2. If the company point of contact for the Incumbent Worker Grant has changed please provide the new Company Contact Name and Phone Number in the spaces provided.

Company Name	Multi-Comp. App.	NFA Cover Letter Date	Contract Begin Date	Contract End Date	End Date for Funds Availability	Proposed Number to be Trained*	Training Award Amount (including admin.)	Funds Expended this Qtr. (including admin.)	Funds Expended Previous Qtrs. (including admin.)	Total Training Funds Expended (including admin.)	% Funds Used	Training Complete
Contact Name:					Phone Number:					\$0.00		
Contact Name:					Phone Number:					\$0.00		
Contact Name:					Phone Number:					\$0.00		
Contact Name:					Phone Number:					\$0.00		
Contact Name:					Phone Number:					\$0.00		
Contact Name:					Phone Number:					\$0.00		
Contact Name:					Phone Number:					\$0.00		
Contact Name:					Phone Number:					\$0.00		

*Count each employee one time only.

Expired

**NCWorks Incumbent Worker Training Grant
Final Training Project Report**

Please complete the requested information and submit to the Local Workforce Development Board representative within the timeframe requested. Space will expand as text is entered.

For internal LWDB use only. This is to be completed prior to submission to the Division of Workforce Solutions.

LWDB Name: _____

A. Amount of grant award (to **include** the administrative fee): _____

B. Actual funds expended (to **include** the administrative fee): _____

C. Amount to be de-obligated (A - B = C): _____

D. Does the business' non-federal share contribution meet the criteria limit? _____

Signature of Authorized LWDB representative _____

Please complete the requested information and submit to the Local Workforce Development Board representative within the timeframe requested.

Company Information

Business Name: _____

Business Address: _____

Name of Business Representative Completing this report: _____

Title: _____

Phone Number: _____

Email Address: _____

Training Information

Complete the information for all participants in the training provided through this grant.

1. How did this training avert lay-offs?

2. Planned # of trainees (count each 1 time – do not include those who attended an overview/introduction to the training): _____

3. Actual # of trainees (count each 1 time – do not include those who attended an overview/introduction to the training): _____
4. What is the actual amount expended or contributed for the non-federal share contribution? \$ _____
5. How many trainees have kept their jobs as a result of this training?
Be as accurate as possible: _____
6. Was training provided to the employees as approved in the application? Yes/No _____

If no, please explain:

7. Was any of the training provided through this grant available from a publicly funded local community college or university? Yes/No _____

If yes, and you did *not* choose that source as a training vendor, please explain why:

8. How many businesses were involved in this training? _____

If more than one, did all businesses participate as proposed in the application?
Yes/No _____

If no, please explain:

Training Outcomes

1. Describe how trainees' skill levels were increased as a result of the training.

2. Certifications/Licenses/Credentials: If applicable, list the type(s) and quantity of skill certifications/licenses/credentials received by the trainees. Do not include "Certificates of Completion."

TYPE	QUANTITY

3. Did any trainees receive a wage increase after completion of training? Yes/No _____

If yes, please complete the following:

# of Trainees	% of Increase
Ex: 3	5

4. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training? Yes/No _____

If yes, how many? _____

5. If other outcomes were realized, please describe.

Customer Satisfaction

1. How did you hear about the Incumbent Workforce Development Training Program?

2. Please briefly describe the company's overall experience with this training program.

3. Were you satisfied with the training that was provided? Yes/No _____

If no, please explain:

Expired

4. Would you recommend the Incumbent Workforce Development Training Program to other businesses?
Yes/No _____

If no, please explain:

5. If this training was provided for a multiple business collaborative, please explain how it was or was not an effective training delivery method.

Expired