

Employed Worker Training Application

SECTION 1. Company Information

Company Name:		
Street Address:		
City:	Zip:	County:
Company Contact Person:		Title:
Email:	Website:	
Date of Inception:	Years in Business:	Total Full-Time Employees:
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Employer's Federal ID#:	Unemployment Comp.#:	
FL Sales Tax Reg.#:	Primary NAICS Codes:	
Is your company current on all State of Florida tax obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your company receiving or applying for other public training funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please explain:		
Description of your business, product(s) and/or service(s):		
Amount of grant request:	Number of full time employees to be trained:	
Training start date:	Training end date:	
If company is minority owned, please check appropriate box(es) below: <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Woman <input type="checkbox"/> Hispanic American <input type="checkbox"/> Other (Specify):		
Is company located in (specify): <input type="checkbox"/> Distressed inner-city area <input type="checkbox"/> Enterprise Zone (provide EZ number) <input type="checkbox"/> HUB Zone <input type="checkbox"/> Rural area		

SECTION 2. Training Provider Information

The training provider will be a: <input type="checkbox"/> Public training institution <input type="checkbox"/> Private training institution <input type="checkbox"/> Company employee <input type="checkbox"/> Private instructor		
Training will be delivered: <input type="checkbox"/> On-site <input type="checkbox"/> At the training institution <input type="checkbox"/> At a remote location		
Name of Training Provider(s):		
Name of Training Provider contact:		Phone:
Street Address:		
City	State:	Zip:

SECTION 3. Training Project Information

Description of the proposed training project – provide number of trainees, job titles, and departments broken out by type of training, number of hours of training, training provider, cost of instruction/tuition, resulting certifications, continuing education credits or in-service credits.

Example:

1. Five (5) Plastics Operators
Production Department
Injection Molding Skills – 28 contact hours each
Training Provider – Society of Plastics Industry via satellite downlink at company site
\$500 per trainee
National Certification in Plastics – NCP Certified Operator

2. Ten (10) Nursing Assistants
Pediatrics Department
Medical Error Prevention and Safety
Training Provider: Company Employee
Two (2) sessions, three (3) hour each = 6 hours
Certificate issued by hospital

SECTION 4. Training Program Budget

Please use this as a guide. Show all formulas used to calculate totals. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget and timeline.

A. BUDGET CATEGORY	B. EWT ASSISTANCE REQUESTED	C. *EMPLOYER CONTRIBUTION	D. TOTAL (B + C)
1. Instructor Wages/Tuition (Tuition must be paid to a qualified, licensed training provider) This information should reconcile with Section 3. Training Provider Description Example: 1. Injection Molding \$500 x 5 = \$2500 2. NewVision \$25 x 24 hours = \$600 Subtotal = \$3100			
2. Curriculum Development			
3. Materials/Supplies/Textbooks (Itemize) Example: Ten (10) NewVision Manuals @ \$30 each = \$300			
4. Training Equipment Purchase (Must be employer contribution)	Cannot fund with EWT grant		
5. Other Costs (Describe)			
6. Travel, Food, Lodging	Cannot fund with EWT grant		
7. Trainee Wages (Including benefits)	Cannot fund with EWT grant		
8. TOTALS			
EWT Cost Per Trainee: _____ (Line 8, Column B. divided by Number of Trainees)		Employer Contribution Ratio: _____ (Line 8, Column C. divided by Line 8, Column B.)	

***Note:** The employer must contribute to the training project to receive an EWT grant award. Examples of employer contribution include, but are not limited to, expenses associated with: instruction/tuition, curriculum development, materials/supplies, use of employer's space and equipment during the training project (show calculation of value), and trainee wages (including benefits) of employees during training.

SECTION 5. Anticipated Outcomes of the Training Project

Please check the boxes that apply to the anticipated training project. Attach a brief statement to this application for each checked box explaining how and/or why this training would result in the specific outcome.

<input type="checkbox"/> Will save ___ jobs within our company	<input type="checkbox"/> Will create ___ openings in entry-level positions
<input type="checkbox"/> Will improve the long-term wage levels of trainees	<input type="checkbox"/> Will improve the short-term wage levels of trainees
<input type="checkbox"/> Will create ___ new jobs within our company	<input type="checkbox"/> Would help prevent the company from having to relocate operations
<input type="checkbox"/> Will lower employee turnover in our company	<input type="checkbox"/> Critical to the long-term viability of our company
<input type="checkbox"/> Critical to the short-term viability of our company	<input type="checkbox"/> Will make this location more competitive within company
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will assist in the training of the disabled	<input type="checkbox"/> Will assist Welfare Transition participants
<input type="checkbox"/> Will increase the profitability of our company	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will be an important component of our company's overall employee workforce development efforts	
<input type="checkbox"/> Will assist in the improvement of international trade opportunities	

SECTION 6. Certification by Authorized Company Representative

(Note: The individual signing the application below must have authority to enter into contractual agreements on behalf of the applying company.)

As an authorized representative of the company listed above, I hereby certify the information listed above and attached to this application is true and accurate. I am aware any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature:	Title:
Print Name:	Date:

Mail original and three (3) copies to:

Employed Worker Training Program
 Southwest Florida Workforce Development Board
 Attn: James I. Wall
 9530 Marketplace Road, Suite 104
 Fort Myers, FL 33912

How did you learn about the Employed Worker Training Program?



Employed Worker Training Application Instructions

This program provides funding for customized employee training to existing businesses that are experiencing difficulties in staying competitive.

The Employed Worker Training Program is funded through the Workforce Investment Act (WIA) through Workforce Florida, Inc. and administered by the Southwest Florida Workforce Development Board, Inc. (SFWDB) for Region 24. Region 24 is comprised of Charlotte, Collier, Glades, Hendry, and Lee Counties. The purpose of the program is to provide grants to employers to assist with certain expenses associated with skills upgrade training for full-time employees of the company. The amount of funding available for Region 24 is limited and will be granted on a first-come, first-served basis. Employed Worker Training funding is open to all Region 24 companies meeting the guidelines listed below. The SFWDB is seeking to provide assistance to more than one employer.

Business Applying for Funding:

- Must be fully licensed to operate in Region 24.
- Must have a least one full-time employee.
- Must demonstrate financial viability.
- Must be current on all state tax obligations.
- Must provide the reason that the employee needs the training; i.e. adults who do not meet the definition of self-sufficiency, as follows:

Employed adults (18 and older) to be trained in a single company earning an average of \$23.18 per hour are determined to be self-sufficient and not eligible for services unless they are receiving public assistance.

If the employees currently meet or exceed the above definition of self-sufficiency but are in need of training to retain their self-sufficient employment, they may be served if written documentation is obtained from the employer stating the employees might not be retained unless additional training or services are received.

Priority Will Be Given To Businesses:

- That are “for-profit” and have been in operation in Region 24 for a minimum of one year prior to application date.
- With 25 employees or less.
- In rural areas.
- Who are upgrading skills of employees in occupations as outlined on Region 24’s Regional Targeted Occupations List. (<http://www.workforceflorida.com/partners/tol/index.htm>)
- Whose grant proposals represent an upgrade in employee skills.
- Whose grant proposals represent a significant layoff avoidance strategy.

Training Services:

- May be provided through community colleges, school districts, area technical centers, state universities, or licensed and certified private institutions (approved by the SFWDB) at a location determined by the business. Instructors may be either full or part-time educators, state certified trainers, or qualified trainers from the employer’s business or;
- May be conducted at the business’s own facility, at the training provider’s facility or at a combination of sites.

- Must be training with an expectation of the employee receiving a nationally-recognized certification, an occupational certificate, a continuing education credit or an in-service credit.

Reimbursable Training Expenses:

- Instructor's/trainer's salaries.
- Curriculum Development.
- Textbooks/manuals.
- Materials and supplies that will not be used outside of the training project.
- Tuitions and fees to approved educational institutions.

Non-Reimbursable Costs: (However these costs can be included as part of the employer's match.)

- Trainee wages.
- Purchase of capital equipment.
- Purchase of any item or service that may possibly be used outside of the training project.

Additionally the following will apply:

- All trainees must complete the SFWDB enrollment process prior to commencement of training.
- Businesses must provide a matching contribution to the training project of at least 50% of the total project cost. Allowable matches include but are not limited to: wages earned by trainees while in training, wages paid to employees who are trainers, in-kind space costs when the training is provided at employer's place of business or facilities rented by the employer.
- Businesses approved for training funds must negotiate and execute a contract with the SFWDB or their designated provider.
- Businesses must keep accurate records of the project.
- Businesses must submit monthly and quarterly reimbursement requests with required documentation.

Project Completion:

- With the high demand and limited funding available, all applications will be evaluated to leverage other state, federal and private funds with Employed Worker Training (EWT) funds.
- All grant projects shall be performance-based with specific measurable performance outcomes – including the completion of the training project and number of employees trained.
- Final payment for businesses receiving EWT grants will be withheld until the final report is submitted and all performance criteria specified in the grant have been achieved.
- Businesses shall provide sufficient documentation to the SFWDB for identification of all employee participants for calculation of performance measures required by the Workforce Investment Act, and any other outcomes deemed pertinent by the grant administrator.

Application Instructions:

Complete the attached EWT Program Application. Any information or documentation that cannot be supplied in the provided spaces should be identified by the relevant question number and attached to the back of the application form. Submit one original and three (3) copies of the signed completed application to:

**Employed Worker Training Program
Southwest Florida Workforce Development Board
Attn: James I. Wall
9530 Marketplace Road, Suite 104
Fort Myers, FL 33912**

If you have any questions or need assistance in completing the application, call the Southwest Florida Workforce Development Board at 239-225-2500.

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
All voice telephone numbers in this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

