

SECTION I. BUSINESS INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Main Contact Name: _____ **Title:** _____

Phone: _____ **Fax:** _____ **Email:** _____

NAICS Code (6 digits): _____ **What year was the business established?** _____

Has the business experienced a layoff in the last 120 days due to a relocation? ☐ Yes ☐ No

Does the business have a union bargaining agreement? ☐ Yes ☐ No

Is the business currently receiving funding from Wisconsin Fast Forward, WAT, or another Workforce Program? ☐ Yes ☐ No

Has the business participated in incumbent worker training utilizing WIOA funds in the past?
☐ Yes ☐ No

Company Size in Wisconsin: _____ **Company Size in Waukesha, Ozaukee, and/or Washington Counties:** _____

SECTION II. TRAINING PROGRAM INFORMATION

Application Cycle Applying for: Spring Cycle 2022
(Jan 1, 2022 – Jun 17, 2022)

Training Program Title: _____

Confirmed Training Date(s): From (mm/dd/yy): _____ To (mm/dd/yy): _____

Training

Location: ☐ On Site ☐ Remote Site ☐ At a training institute: _____
(institution name)

Total Training Cost: _____ **Actual No. of employees to be trained:** _____

Is this training needed to avert layoff and/or to keep the employee(s) retained in employment?

☐ Yes ☐ No

Are all employees, who will be sent to this training, been employed for 6 months or longer?

☐ Yes

☐ No – If not, how many from the total number of employees have not been employed for 6 months or longer: _____.

SECTION III. EMPLOYEE INFORMATION (EACH COLUMN MUST BE COMPLETED PER TRAINEE TO BE TRAINED)

#	Trainee's Contact Information	Will receive industry recognized certificate or credential as a result of the training?	Will receive a wage increase as a result of the training?	Will receive a promotion that results in an open position as a result of the training?
1.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount: _____</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion: _____</div> <div><input type="checkbox"/> No</div>
2.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount: _____</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion: _____</div> <div><input type="checkbox"/> No</div>
3.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount: _____</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion: _____</div> <div><input type="checkbox"/> No</div>
4.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount: _____</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion: _____</div> <div><input type="checkbox"/> No</div>
5.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount: _____</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion: _____</div> <div><input type="checkbox"/> No</div>

6.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount:</div> <div></div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</div> <div></div> <div><input type="checkbox"/> No</div>
7.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount:</div> <div></div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</div> <div></div> <div><input type="checkbox"/> No</div>
8.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount:</div> <div></div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</div> <div></div> <div><input type="checkbox"/> No</div>
9.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount:</div> <div></div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</div> <div></div> <div><input type="checkbox"/> No</div>
10.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount:</div> <div></div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</div> <div></div> <div><input type="checkbox"/> No</div>
11.	<div>Full Name</div> <div>Title</div> <div>Email</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, amount:</div> <div></div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</div> <div></div> <div><input type="checkbox"/> No</div>

12.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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13.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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14.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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16.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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17.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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18.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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20.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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22.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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23.	<hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: <hr/> <input type="checkbox"/> No	<input type="checkbox"/> Yes, date of promotion: <hr/> <input type="checkbox"/> No
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SECTION: IV TRAINING PURPOSE

Please provide a description of the training: (detail of the curriculum and what the employee(s) will learn)

Why is this training needed for your business?

How will this training component directly contribute to improving company processes, improve efficiency, or quality in a way that makes the company more competitive?

How will this training increase the employees' skill level or prevent the employee from being laid off and/ or avert layoff?

Please list any special tools, equipment, uniforms or protective gear required for the position.

SECTION V: BUSINESS AGREEMENT & SIGNATURE

If awarded, in order to receive reimbursement for training, within 30 days upon the completion of training the business must submit:

1. Paid invoice(s) for training expenditures,
2. Proof of wage increase, and/or proof of promotion resulting in an open position on company letter head – if applicable,
3. Copy of employee(s) credential(s) showing successful completion – if applicable,
4. If training is not credential, employee(s) name(s) who successfully completed training on training provider's letterhead,
5. Complete post training follow-up questionnaire upon request from Forward Careers staff; and
6. Provide follow-up for one calendar year on training activities.

The Business is responsible to notify Forward Careers of any changes to training proposal outline **before** the training start date. Failure to notify Forward Careers will result in a terminated contract. After two (2) terminated contracts your business will not be eligible for training for one (1) calendar year.

By submitting this application, the business representative agrees that information is true and agrees to provide post-training documents.

Representative Signature: _____ **Date:** _____

REQUIRED ATTACHMENTS WITH APPLICATION:

- ☐ Quote that includes:
 - Training and learning objectives
 - Dates of training
 - Attainment of industry recognized certificate and/or credential
 - Itemized cost
- ☐ Job descriptions of each position to be trained

REQUIRED IF:

- ☐ If training is occurring in-house, a letter on company letterhead that details training and learning objectives, dates of training, attainment of industry recognized certificate and/or credential, and itemized costs may be submitted.

Refer to “in-house training template” document.

- ☐ If the training will result in a wage increase, please indicate in the application the amount of the increase.
- ☐ If the training will result in a promotion, please indicate in the application the date of the promotion.