

APPENDICES A Incumbent Worker Training (IWT) Application Revised [10/22/2020]

SECTION I. BUSINESS INFORMATION			
Company Name:			
Mailing Address:			
City: Count	y:	State:	Zip:
Main Contact Name:	Title:		
Phone: F	ax: Email:		
NAICS Code (6 digits):	What year was the	business established?	
Has the business experienced a layof	if in the last 120 days? $$	es 🗆 No	
Does the business have a union barg	aining agreement? — Yes	□ No	
Is the business currently receiving fur Program? ☐ Yes ☐ No	nding from Wisconsin Fast Forw	ard, WAT, or another	Workforce
Has the business participated in incur ☐ Yes ☐ No	mbent worker training utilizing	WIOA funds in the pa	st?
Company Size in Wisconsin:	_ Company Size in Waukesha, O	zaukee, and/or Washing	gton Counties:
SECTION II. TRAINING INFORMATIO	N		
Application Cycle Applying for: \Box	Fall Cycle Spring Cycle	;	
Training Program Title:			
·		To:	
Training Location: □ On Site □ Remote S	ite \Box At a training institute: _		
		(institution	name)
Training Cost:	No.	of employees to be tr	ained:
Is this training needed to avert layoff ☐ Yes ☐ No	and/or to keep the employee(s) retained in employm	nent?
All employees who will be sent to the ☐ Yes ☐ No	is training have been employed	l for 6 months or long	er?

SECT	TION III. EMPLOYEE INFORMATION:			
		Will receive industry recognized certificate or credential as a	Will receive a wage increase as a	Will receive a promotion that results in an
#	Job Title	result of the training?	result of the training?	open position as a result of the training?
			☐ Yes, amount:	☐ Yes, date of promotion:
1.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
2.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
3.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
4.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
5.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
6.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	Yes, date of promotion:
7 .		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
8.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
9.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
10.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
11.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
12.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
13.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
14.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
15.		☐ Yes ☐ No	□ No	□ No

SECT	TION III. EMPLOYEE INFORMATION:			
		Will receive industry recognized certificate or credential as a	Will receive a wage increase as a	Will receive a promotion that results in an
#	Job Title	result of the training?	result of the training?	open position as a result of the training?
			☐ Yes, amount:	☐ Yes, date of promotion:
16.		☐ Yes ☐ No	□ No	□ No
			Yes, amount:	☐ Yes, date of promotion:
1 <i>7</i> .		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
18.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
19.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
20.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
21.		☐ Yes ☐ No	□ No	□ No
			Yes, amount:	Yes, date of promotion:
22.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
23.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
24.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
25.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
26.		☐ Yes ☐ No	□ No	□ No
			Yes, amount:	☐ Yes, date of promotion:
27.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
28.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
29.		☐ Yes ☐ No	□ No	□ No
_			☐ Yes, amount:	☐ Yes, date of promotion:
30.		☐ Yes ☐ No	□ No	□ No

SECT	TION III. EMPLOYEE INFORMATION:			
		Will receive industry recognized certificate or credential as a	Will receive a wage increase as a	Will receive a promotion that results in an
#	Job Title	result of the training?	result of the training?	open position as a result of the training?
			☐ Yes, amount:	☐ Yes, date of promotion:
31.		☐ Yes ☐ No	□ No	☐ No
			☐ Yes, amount:	☐ Yes, date of promotion:
32.		☐ Yes ☐ No	□ No	☐ No
			☐ Yes, amount:	☐ Yes, date of promotion:
33.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
34.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
35.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
36.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	Yes, date of promotion:
37 .		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
38.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
39.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
40.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
41.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
42.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
43.		☐ Yes ☐ No	□ No	□ No
			☐ Yes, amount:	☐ Yes, date of promotion:
44.		☐ Yes ☐ No	□ No	□ No
_			☐ Yes, amount:	☐ Yes, date of promotion:
45.		☐ Yes ☐ No	□ No	□ No

	-	ng: (detail of the curriculu	1 / 1/	
Why is this training	ng needed for your busi	ness?		
•	,			

How will this training component directly contribute to improving company processes, improve efficiency, or quality in a way that makes the company more competitive?
quality in a way that makes the company more competitive:
How will this training increase the employees' skill level <u>or</u> 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.
ricuse his any special loois, equipment, uniforms of profective gear required for the position.

SECTION III: 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 WOW WDI 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 <u>before</u> 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. Name of Representative: Date: **REQUIRED ATTACHMENTS:** ☐ Quote that includes: Training and learning objectives Dates of training Attainment of industry recognized certificate and/or credential Itemized cost ☐ Job descriptions of positions 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.