

## 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:** ☐ Fall Cycle (Oct – Nov 2020) ☐ Spring Cycle I (Dec 2020 – Jun 2021) ☐ Spring Cycle II (Mar 2020 – Jun 2021)

**Training Program Title:** \_\_\_\_\_

**Training Date(s):** From : \_\_\_\_\_ To: \_\_\_\_\_

**Training Location:** ☐ On Site ☐ Remote Site ☐ At a training institute: \_\_\_\_\_  
(institution name)

**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

**All employees who will be sent to this training have been employed for 6 months or longer?**  
☐ Yes ☐ No

**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><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</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><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</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><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</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><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</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><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes, date of promotion:</div> <div><input type="checkbox"/> No</div>
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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.**

**Name of Representative:** \_\_\_\_\_ **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 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.