

WIOA Incumbent Worker Training Program

Application

The Incumbent Worker Training (IWT) Program provides funding to help cover the costs of training needed to retain a competitive workforce. Such training is meant to assist with expansion, new technology, retooling, new services/product lines, and/or new organizational structuring, or to be used as part of a layoff aversion strategy. IWT is funded by the Federal Workforce Innovation and Opportunity Act (WIOA).

ELIGIBILITY

Applications are open to all South Carolina employers. Additionally, third parties or consortia may apply on behalf of a group of employers. Common examples of consortia include: business associations, industry councils, chambers of commerce, or downtown/community development corporations. Employers applying for IWT funding must have at least one (1) full-time employee and be current on all state tax obligations.

Businesses receiving services through ReadySC™, training entities, and city, county and state governments are **not** eligible for IWT funding. IWT funds are not available to a business that has relocated, if that relocation resulted in the loss of jobs at the original location, until the company has operated at that new location for 120 days.

INCUMBENT WORKER DEFINED

To qualify as an incumbent worker, the incumbent worker needs to be:

- employed;
- meet the Fair Labor Standards Act requirements for an employer-employee relationship; and
- have an established employment history with the employer for six months or more, unless the training is being provided to a group/cohort of employees and the majority of employees have been employed with the business for six months or more.

Temporary employees that do not have an employer-employee relationship with the business are not considered incumbent workers. However, periods of temporary employment may count towards an employee's time with the company for the purposes of meeting the six month minimum requirement above.

An incumbent worker does not have to meet WIOA eligibility requirements unless they are enrolled as a participant in the WIOA Adult or Dislocated Worker program.

EMPLOYER MATCH

Employers share in the cost of training their incumbent workers with minimum contributions of:

- 10 percent of the costs for a business location with no more than 50 employees
- 25 percent of the costs for a business location with more than 50 employees, but no more than 100 employees
- 50 percent of the costs for a business location with more than 100 employees

Consortia share in the cost of training incumbent workers based on the total number of employees from all businesses in the consortium. The minimum contribution from each business in the consortium is determined by the consortia.

A business's/consortium's share of the cost may be paid in cash or in kind, fairly evaluated. Wages paid to incumbent workers while attending training may be considered that business's share of the cost.

No business/consortia match is required for Rapid Response funded IWT (RRIWT).

REPORTING

To eliminate the need for the business/consortium to provide the employee's full SSN to the LWDA, employees should register in SCWOS using their full SSN once identified as an IWT participant but no later than the first day of training.

Subsequent documentation provided by the business to the LWDA should only need to include the last four digits of the employee's SSN to identify the employee in SCWOS.

Additionally, the business/consortium must provide a list of employees who will participate in training with sufficient documentation to identify the correct employee in SCWOS for completion of the WIOA application and entering relevant activities, including:

- Participant's name
- Date of birth
- Gender
- Ethnicity
- Veteran status
- Highest grade completed
- Training course name
- Actual training start date
- Last four of participant's SSN, or SCWOS User ID or State ID
- Disability status
- Race
- Limited English Proficiency
- Current hourly wage
- ONET code for training
- Projected training end date

The business/consortium must provide and maintain sufficient documentation of the training and resulting outcomes, including:

- Dates of training
- Title and a description of training
- Type and a description of the credential(s) earned
- Number of employees who completed the training program
- Number of employees who earned a credential
- Number of employees who earned a promotion
- Number of employees who earned a wage increase
- Number of existing jobs saved
- Number of new jobs created
- Layoff or closure
- Other outcomes

The business/consortium is required to submit to the LWDA Monthly Program Reports as required by the LWDA, including the Trainee Information and Cumulative Expenditures Forms, and a Final Program Report within 10 days of the training Actual End Date. The information listed above will be required for submission of these reports and SCWOS data entry, and may be needed for any additional reporting required by the LWDA.

REIMBURSABLE TRAINING EXPENSES:

- Tuition
- Instructor/Trainer salaries
- Textbooks/Manuals
- Consumable materials and supplies

APPLICATION

IWT funds (excluding Rapid Response funded IWT) are awarded on a competitive basis. The following applications are given priority:

- Applications that represent an upgrade in employee skills and/or employee wage increases as a result of the training
- Applications with training plans that emphasize occupational skills training
- Applications that represent a layoff avoidance strategy and provide retention opportunities
- Applications for businesses that have not already received an IWT agreement during the prior or current program year

Rapid Response funded IWT requires criteria to determine a layoff risk, and when and whether IWT is an appropriate response. Consideration must be given as to whether, absent the training, a good job will be

lost or degraded, and whether with the training the job will be retained or improved. The following employer and worker group assessment criteria must be used in making such determinations.

Employer Assessment

- The company remains open, but it is phasing out a function which will lead to layoffs unless the workers can be retrained to perform new functions.
- A worker's job has changing skill requirements as a result of external economic or market forces, significant changes in technology or operating processes, rapidly changing industry or occupational job requirements, or emergence of new products.
- The changing skill requirements are outside of normal skill growth and upkeep that would be provided by the employer.
- Training programs reasonably prepare workers to address skill gaps.
- The employer demonstrates a commitment to retain employees or otherwise provide a tangible benefit to employees who receive IWT.

Worker Group Assessment

- Unless provided with training, the potentially laid-off workers do not have marketable, in-demand skills.
- The new skills can be attained in a reasonable period of time.
- The workers have not received formal layoff notices. Such workers can be served with regular WIOA dislocated worker funds.
- There exists a strong possibility of jobs, either with the existing employer or a new employer, if the potentially laid-off workers attain new skills.

Complete the attached IWT Program Application to apply for funding. Any question(s) that cannot be answered in the space provided should be answered on a separate sheet of paper and attached to the back of the application form. Submit the signed, completed application to:

IT IS RECOMMENDED THAT YOU SUBMIT YOUR APPLICATION AT LEAST 30 DAYS PRIOR TO THE PROJECTED START DATE OF TRAINING.

If you have any questions or need assistance in completing the application, please contact:

Incumbent Worker Training Application

SECTION 1. Business Information			
Business Name:			
Authorized Business Representative:		Title:	
Phone:	Ext.:	Fax:	
Email:		Website Address:	
Street/Mailing:			
City:		ZIP:	County:
For which business location are you seeking funding?			
Date of Inception:		Years in Business:	
Total Number of Full-time Employees:		Total Number of Part-time Employees:	
Total Number of Full-time Employees at this Business Location:		Total Number of Part-time Employees at this Business Location:	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation (Designation:)
Employer's Federal ID #:		Unemployment Comp ID #:	
South Carolina Sales Tax Reg. #:		NAICS Code:	
Is your business current on all State of South Carolina tax obligations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your business received IWT funding before?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please indicate the training period:			
Is your business receiving/applying for other public training/consulting funds?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please identify the funding source and type of training/consulting services:			
Has there been a layoff at this site within the last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes:	<input type="checkbox"/> Temporary Layoff Number affected:	<input type="checkbox"/> Permanent Layoff Number affected:	
Has the business or part of the business relocated operations within the last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes:	Relocated from:	Relocated to:	Date of Relocation:
Does your business use SC Works services?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please check all applicable services:	<input type="checkbox"/> List Job Openings <input type="checkbox"/> Job Fairs <input type="checkbox"/> Testing & Assessment	<input type="checkbox"/> Mass Hires <input type="checkbox"/> Candidate Search <input type="checkbox"/> Other:	<input type="checkbox"/> On-the-Job Training (OJT) Please note: employees cannot participate in both WIOA funded OJT and IWT simultaneously.

Please describe your business, product(s) and/or service(s):

Our business is minority owned. (Please check one of the boxes below)

<input type="checkbox"/> Women owned	<input type="checkbox"/> Asian/American owned
<input type="checkbox"/> African/American owned	<input type="checkbox"/> Native/American owned
<input type="checkbox"/> Hispanic/American owned	<input type="checkbox"/> Other minority owned (specify):

Amount of Funding Requested:	Number of Trainees:
Start Date:	End Date:

Type(s) of training proposed (ex: Maintenance, Quality, Computer, etc.):

How did you learn about Incumbent Worker Training?

SECTION 2. Eligibility Criteria

Please check all boxes that apply. Attach additional sheets if necessary.

Incumbent worker training is necessary due to:

- | | |
|--|---|
| <input type="checkbox"/> Business expansion | <input type="checkbox"/> Changing industry requirements |
| <input type="checkbox"/> Retooling of our business process | <input type="checkbox"/> The introduction of new services/product lines |
| <input type="checkbox"/> New organizational structuring | <input type="checkbox"/> Avert a layoff |
| <input type="checkbox"/> New technology | <input type="checkbox"/> Competitive business expansion |

Please provide an explanation of the selections above:

The proposed training would:

- | | |
|---|--|
| <input type="checkbox"/> Significantly increase employee skills | <input type="checkbox"/> Save jobs within our business (How many?) |
| <input type="checkbox"/> Result in employee wage increases | <input type="checkbox"/> Help prevent business relocation |

Please provide an explanation supporting how the proposed training would accomplish the selections above:

SECTION 3. Training Provider Information:

If known, please answer the following.

Name of Training Provider Representative:**Address:****City:****State:****ZIP:****Phone:****Fax:**

SECTION 4. Training Project Information

Up to 6 training programs may be requested on each application. If you would like to request more, please complete additional applications as necessary. Please list in order of priority for your business

TRAINING #1

Name of Training:

Training Description:

Training Institution/School:

Address:

City:

State:

Zip:

Phone:

Name of Trainer (if in-house):

Anticipated training dates:

Projected Number of Hours
of Training:

Number of Trainees:

Job Title(s) and Length(s) of Employment:

Certification Earned:

BUDGET

Instructor Wages/Tuition:

*Materials/Supplies/Textbooks:

*Other Costs:

TOTAL COST:

*Please itemize costs related to materials, supplies, textbooks, and other costs here:

TRAINING #2

Name of Training:

Training Description:

Training Institution/School:

Address:

City:

State:

Zip:

Phone:

Name of Trainer (if in-house):

Anticipated training dates:

Projected Number of Hours
of Training:

Number of Trainees:

Job Title(s) and Length(s) of Employment:

Certification Earned:

BUDGET

Instructor Wages/Tuition:

*Materials/Supplies/Textbooks:

*Other Costs:

TOTAL COST:

*Please itemize costs related to materials, supplies, textbooks, and other costs here:

TRAINING #3		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #4		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #5		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

TRAINING #6		
Name of Training:		
Training Description:		
Training Institution/School:		
Address:		
City:	State:	Zip:
Phone:		
Name of Trainer (if in-house):		
Anticipated training dates:		
Projected Number of Hours of Training:	Number of Trainees:	
Job Title(s) and Length(s) of Employment:		
Certification Earned:		
BUDGET	Instructor Wages/Tuition:	*Materials/Supplies/Textbooks:
	*Other Costs:	TOTAL COST:
*Please itemize costs related to materials, supplies, textbooks, and other costs here:		

SECTION 5. Training Program Budget

Please note: businesses/consortia must contribute to the cost of the training project, with minimum contributions of:
(1) 10 percent of the cost for business locations or consortia with no more than 50 employees
(2) 25 percent of the cost for business locations or consortia with more than 50 employees, but no more than 100 employees
(3) 50 percent of the costs for a business location or consortia with more than 100 employees

BUDGET CATEGORY	TRAINING ASSISTANCE REQUESTED	BUSINESS MATCHING CONTRIBUTION	TOTAL
INSTRUCTOR WAGES/TUITION			
MATERIALS/SUPPLIES/ TEXTBOOKS			
WAGES PAID WHILE ATTENDING TRAINING*	XXXXXXXXXXXXXXXXXXXX		
OTHER EMPLOYER CONTRIBUTIONS TO THE COST OF TRAINING	XXXXXXXXXXXXXXXXXXXX		
OTHER COSTS (describe)			
TRAVEL	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
TOTAL			

***Note: Wages paid to employees while attending training may be used as the business's/consortium's contribution to the cost of training**

SECTION 6. Certification by Authorized Business Representative

I hereby certify that I am an authorized representative of the business named above, with the authority to commit the business to legally binding contracts and agreements. I further certify that the information given as part of and attached to this application is true and accurate. I am aware that 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 funds approved through this program.

This application does not constitute a contractual agreement. If any portion of the application is approved, a formal agreement between parties will be executed to obligate funds for the approved training. Training may not start prior to the effective date of the agreement.

Signature:	Title:
Print Name:	Date: