



DUPAGE COUNTY
INCUMBENT WORKER TRAINING (IWT)
APPLICATION



JULY 1, 2022 - JUNE 30, 2023



EVALUATION CRITERIA

Applications will be evaluated using the following criteria. For further information on these criteria, please review the Incumbent Worker Training Program Policy (www.worknetdupage.org/employers.) **Applications must be approved prior to the start of the training and before any training costs are expended. Applications that are not filled out in their entirety will not be accepted.**

- Quality of Training (Job-specific, hard skills or technical training vs. soft skills training)
- Benefits to Workers and the Employer

****IWT project plans that will yield documented:**

- Jobs saved from lay-offs or furloughs *and/or*
- Pay increases for the trainees *and/or*
- Promotions for the trainees *and/or*
- Industry-recognized certifications or credentials *and/or*
- Completion of a portion of an apprenticeship program/model

will be given preference over other applications.**

- Required Matching Costs
- Recent Relocation

REQUIRED APPLICATION ATTACHMENTS

- Attachment A: Employee Wage Match Form
- Attachment B: Participant Detail Form (Complete an individual form for each employee who will be attending training. **Note that Social Security Numbers are required for participation in this program.**)
- Attachment C: Training Agreement(s) between Company and Training Provider(s)

REIMBURSEMENT

Once **ALL** training as outlined in the application has been completed, the following items need to be submitted:

- Training Attendance Sheets (**including dates, days, and specific times of training**)
- Certificates of Completion/Credentials
- Invoices and Proof of Payment
- Paystubs for all trainees documenting wages if wages were paid during duration of training

Additional documentation necessary for reimbursement will be supplied once training has been completed.

I have read and understand the program requirements and evaluation criteria.

Signature



INCUMBENT WORKER TRAINING APPLICATION COVER SHEET

(Applications that are not fully completed will not be accepted.)

Date: Preparer's Name, Organization:

APPLYING BUSINESS INFORMATION

Name:

Contact Person, Job Title:

Address:

City: State: Zip Code:

Telephone Number: FAX:

E-mail Address:

Federal Employment Identification Number (FEIN- Format 12-3456789):

North American Industry Classification System Code (NAICS):

UI (Unemployment Insurance) Account Number (Format- 1234567-8):

Ethnicity of Company Ownership:

COMPANY HISTORY

Years in business

Number of employees

Company description / Products or services at the DuPage County facility



PLEASE PROVIDE A DETAILED EXPLANATION OF:

PROJECT OUTLINE

Name of Training Course(s) Applied For:

Name of Training Provider(s):

Other Training Providers Researched/Why Was This Training Provider Chosen:

Training Timeframe (Month/Year): From to

Number of Incumbent Workers to be Trained:

Number of Worker Trainees who will:

Receive a pay increase as a result of training

Estimated average increase:\$ /hr

Be promoted (new job title) as a result of training

Describe movement/new job title:

Obtain industry-recognized certification or credential as a result of training

List credential(s):

Complete a portion of an apprenticeship program/model

Training Cost Amount Requested (min. \$2,000): \$

Minimum Employer Match Requirement Amount:

For employers with 50 or fewer employees: 10% of the cost of training – Amount: \$

For employers with 51 to 100 employees: 25% of the cost of training – Amount: \$

For employers with 100+ employees: 50% of the cost of training – Amount: \$

Will training take place during regular, paid work hours*? Yes No

If not, how will your company meet the required match amount above?

Please note that proper documentation of training during regular, paid work hours must be documented including dates, days, and time of training. If training is not instructor-led, please discuss proposed documentation of attendance with workNet DuPage



NEED FOR TRAINING

What are your company's unique circumstances and challenges that make the training requested necessary?

Have circumstances related to COVID-19 or other economic factors impacted the need for this training?

Yes No If 'Yes', please explain:

How will training affect your company's productivity, revenue, ability to compete or expand, etc.? What tangible outcomes do you expect as a result of training- e.g. # of jobs saved, % of increased sales, \$ cost savings, # of new customers, etc.?

Is your workforce at risk of downsizing if training is not implemented?

Yes No Possibly If this is a possibility, please explain:

If training is not implemented, what will the overall effects be on your company?



TRAINING DESCRIPTION

If more than one training course is being applied for, please complete a separate Training Description form. Also, please provide a copy of the training agreement or sales quote for each course. *Please note that all training must be completed within the program year (July 1, 2022-June 30, 2023)*

1. Training Program

Name of Training Program/Course

Training Provider

Location of Training (Location Name, Address, City, State, Zip)

Instructor Information (First Name, Last Name, Phone, Email)

Description of Training (What is it? Topics covered?)

Start and End Dates

Training Schedule (How many days per week and hours per day will training take place?)

Number of Employees Who Will Complete This Course

Occupations of Employees to be Trained (Include **all** job titles of trainees; if there are 25+ trainees, group job titles into a few general categories, e.g. First-Line Managers, Machine Operators.)

How is training related to employees' job functions?

Upon completing the course, each trainee will receive:

- Course completed; no certificate earned
- A certificate of completion
- Industry recognized credential Please specify name of credential:
- Degree or Course toward Degree or Apprenticeship completed
- Pay increase If not all trainees, how many will receive a pay increase: What is the pay increase?
- Promotion If not all trainees, how many will receive promotion and to what position:

Total Cost Of Training/Breakdown of Costs (e.g. instructor fees, manuals)

2. Training Program

Name of Training Program/Course

Training Provider

Location of Training (Location Name, Address, City, State, Zip)

Instructor Information (First Name, Last Name, Phone, Email)

Description of Training (What is it? Topics covered?)

Start and End Dates

Training Schedule (How many days per week and hours per day will training take place?)

Number of Employees Who Will Complete This Course

Occupations of Employees to be Trained (Include **all** job titles of trainees; if there are 25+ trainees, group job titles into a few general categories, e.g. First-Line Managers, Machine Operators.)

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- Promotion If not all trainees, how many will receive promotion and to what position:

Total Cost Of Training/Breakdown of Costs (e.g. instructor fees, manuals)

3. Training Program

Name of Training Program/Course

Training Provider

Location of Training (Location Name, Address, City, State, Zip)

Instructor Information (First Name, Last Name, Phone, Email)

Description of Training (What is it? Topics covered?)

Start and End Dates

Training Schedule (How many days per week and hours per day will training take place?)

Number of Employees Who Will Complete This Course

Occupations of Employees to be Trained (Include **all** job titles of trainees; if there are 25+ trainees, group job titles into a few general categories, e.g. First-Line Managers, Machine Operators.)

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- Promotion If not all trainees, how many will receive promotion and to what position:

Total Cost Of Training/Breakdown of Costs (e.g. instructor fees, manuals)

4. Training Program

Name of Training Program/Course

Training Provider

Location of Training (Location Name, Address, City, State, Zip)

Instructor Information (First Name, Last Name, Phone, Email)

Description of Training (What is it? Topics covered?)

Start and End Dates

Training Schedule (How many days per week and hours per day will training take place?)

Number of Employees Who Will Complete This Course

Occupations of Employees to be Trained (Include **all** job titles of trainees; if there are 25+ trainees, group job titles into a few general categories, e.g. First-Line Managers, Machine Operators.)

How is training related to employees' job functions?

Upon completing the course, each trainee will receive:

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- Pay increase If not all trainees, how many will receive a pay increase: What is the pay increase?
- Promotion If not all trainees, how many will receive promotion and to what position:

Total Cost Of Training/Breakdown of Costs (e.g. instructor fees, manuals)

5. Training Program

Name of Training Program/Course

Training Provider

Location of Training (Location Name, Address, City, State, Zip)

Instructor Information (First Name, Last Name, Phone, Email)

Description of Training (What is it? Topics covered?)

Start and End Dates

Training Schedule (How many days per week and hours per day will training take place?)

Number of Employees Who Will Complete This Course

Occupations of Employees to be Trained (Include **all** job titles of trainees; if there are 25+ trainees, group job titles into a few general categories, e.g. First-Line Managers, Machine Operators.)

How is training related to employees' job functions?

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Total Cost Of Training/Breakdown of Costs (e.g. instructor fees, manuals)



APPLICATION ATTACHMENT A EMPLOYEE WAGE MATCH FORM

Name of Training Course	Number of Employees Attending Course	Number of Training Hours Per Individual	Hourly Wage of Trainees *	Total Wages For Duration of Training
<i>(example: CNC Training)</i>	5	40	15	\$3000
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Total Estimated Wage Match: \$
Minimum Required Match Amount (10%, 25%, or 50% of training costs—see Page 4): \$

* Use average or estimated hourly wage of trainees.
 Exact wage information for each trainee will be submitted after the application is approved.



APPLICATION ATTACHMENT B
PARTICIPANT DETAIL FORM

Complete one Participant Detail Form for each employee who will be attending training. These forms must be submitted immediately after approval of this application. Information obtained on this form is used to measure Diversity, Equity, and Inclusion related outcomes specific to this grant and is otherwise confidential

Name of Company:

Trainee's Last Name:

Trainee's First Name:

S.S.N.:

Zip Code of Residence:

Job Title:

Hourly Wage:

Employment Start Date:

Date of Birth:

Military Status:

- Not a Veteran
Veteran
Qualified Spouse
Transitioning Veteran
Prefer Not To Answer

Gender:

- Female
Male
Prefer Not To Answer

Disability:

- None
Prefer Not To Answer
Yes
Disability Affecting Employment
Developmental Disability
Learning Disability

Ethnicity (check all that apply):

- American Indian or Alaskan Native
Asian
Black
Hawaiian or Pacific Island
Hispanic
White
Prefer Not To Answer

Course(s) Trainee Will Be Attending: Planned Pay Increase: Yes No Amount of Increase:
Planned Promotion: Yes No New Job Title after Promotion: