DUPAGE COUNTY
INCUMBENT WORKER TRAINING (IWT)
APPLICATION

July 1, 2024 - June 30, 2025

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
- Required Matching Costs
- Recent Relocation

IWT project plans that will yield underlined documented results will be given preference over other applications:

- 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

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. **Please 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.

If documentation required for reimbursement of your grant is not fully submitted after three months post-training completion, your grant award may be terminated.

SIGNATURE

☐ I acknowledge that I have read and understand the program requirements and evaluation criteria.

_____

Signature

INCUMBENT WORKER TRAINING (IWT) APPLICATION COVER SHEET

Applications that are not fully completed will not be accepted.

REQUIRED APPLYING BUSINESS INFORMATION

Company Name:

Address:

City: State: Zip Code:

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:

PRIMARY POINT OF CONTACT

Name and Title:

Telephone: Fax:

Email Address:

SECONDARY POINT OF CONTACT - REQUIRED

Name and Title:

Telephone: Fax:

Email Address:

COMPANY HISTORY

Years in Business: Number of Employees:

Company description / Products or services offered at the DuPage County facility:

PLEASE PROVIDE DETAILED EXPLANATIONS

PROJECT OUTLINE

Name of Training Course(s) Applied for:

Name of Training Provider(s):

Why was this Training Provider Chosen?

Other Training Providers Researched:

Training Timeframe MM/YYYY):   from _____ to _____

Number of Incumbent Workers to be Trained: _____

EXPECTED OUTCOMES: NUMBER OF WORKER TRAINEES WHO WILL

Receive a pay increase because of training: _____

Estimated average increase: $ _____ / hour

Be promoted (new job title) because of training: _____

Describe movement/new job title:

Obtain industry-recognized certification or credential because of training: _____

List credential(s):

Complete a portion of an apprenticeship program/model: _____

List program:

Training Cost Amount Requested: _____   (minimum $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

Check any of the circumstances below that make training necessary for your company and explain.

☐ Declining Sales

_____

☐ Supply Chain Issues

_____

☐ Adverse Industry Market Trends

_____

☐ Changes in Management Philosophy or Ownership

_____

☐ Worker Does Not Have In Demand Skills

_____

☐ Strong Possibility of a Job if Worker Attains New Skills

_____

☐ Other "At-Risk" Indicators (Causes for Potential Layoff)

_____

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.?

NEED FOR TRAINING (CONTINUED)

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, 2024 - June 30, 2025)

TRAINING PROGRAM #1

Name of Training Program/Course:

_____

Training Provider:

_____

LOCATION OF TRAINING Location Name, Address, City, State, Zip Code: _____

INSTRUCTOR INFORMATION

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

DESCRIPTION OF TRAINING What is it? Topics covered?

_____

TRAINING SCHEDULE

Start Date: _____ End Date: _____

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?

TRAINING PROGRAM #1 (CONTINUED)

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*

_____

☐   Completed degree or apprenticeship / a course toward a degree or apprenticeship

☐   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? _____   To what position? _____

TOTAL COST OF TRAINING

Breakdown of Costs (e.g. instructor fees, manuals):
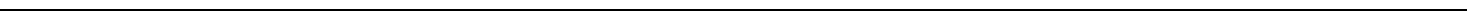
TRAINING PROGRAM #2

Name of Training Program/Course:

Training Provider:

LOCATION OF TRAINING

Location Name, Address, City, State, Zip Code:

INSTRUCTOR INFORMATION

First Name: Last Name:

Email Address: Phone Number:

DESCRIPTION OF TRAINING

What is it? Topics covered?

TRAINING SCHEDULE

Start Date: End Date:

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 <u>ALL</u> 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?

TRAINING PROGRAM #2 (CONTINUED)

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*

_____

☐ Completed degree or apprenticeship / a course toward a degree or apprenticeship

☐ 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? _____   To what position? _____

TOTAL COST OF TRAINING

Breakdown of Costs (e.g. instructor fees, manuals):	

TRAINING PROGRAM #3

Name of Training Program/Course:

Training Provider:

LOCATION OF TRAINING
Location Name, Address, City, State, Zip Code:

INSTRUCTOR INFORMATION
First Name: Last Name:

Email Address: Phone Number:

DESCRIPTION OF TRAINING
What is it? Topics covered?

TRAINING SCHEDULE
Start Date: End Date:

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 <u>ALL</u> 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?

TRAINING PROGRAM #3 (CONTINUED)

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*

_____

☐ Completed degree or apprenticeship / a course toward a degree or apprenticeship

☐ 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? _____   To what position? _____

TOTAL COST OF TRAINING

Breakdown of Costs (e.g. instructor fees, manuals):

TRAINING PROGRAM #4

Name of Training Program/Course:

Training Provider:

LOCATION OF TRAINING
Location Name, Address, City, State, Zip Code:

INSTRUCTOR INFORMATION
First Name: _____ Last Name: _____
Email Address: _____ Phone Number: _____

DESCRIPTION OF TRAINING
What is it? Topics covered?

TRAINING SCHEDULE
Start Date: _____ End Date: _____
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*

_____

☐ Completed degree or apprenticeship / a course toward a degree or apprenticeship

☐ 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? _____   To what position? _____

TOTAL COST OF TRAINING

Breakdown of Costs (e.g. instructor fees, manuals):

TRAINING PROGRAM #5

Name of Training Program/Course:

Training Provider:

LOCATION OF TRAINING
Location Name, Address,
City, State, Zip Code:

INSTRUCTOR INFORMATION
First Name: Last Name:

Email Address: Phone Number:

DESCRIPTION OF TRAINING
What is it? Topics covered?

TRAINING SCHEDULE
Start Date: End Date:

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 <u>ALL</u> 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?

TRAINING PROGRAM #5 (CONTINUED)

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*

_____

☐ Completed degree or apprenticeship / a course toward a degree or apprenticeship

☐ 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? _____   To what position? _____

TOTAL COST OF TRAINING

Breakdown of Costs (e.g. instructor fees, manuals):

IWT 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
(example: CNC Training)	*5* ✖	*40* ✖	*15* ▬	*$3,000*
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$
			$	$

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

TOTAL ESTIMATED WAGE MATCH
$

MINIMUM REQUIRED MATCH AMOUNT **
$

** (10%, 25%, or 50% of training costs—see Page 5)