

Workforce Development Councils of Alabama

Existing Industry Training Program

- Guidelines -

The Department of Postsecondary Education (DPE) is seeking applications for projects to serve the training needs of existing industry. The following are the guidelines for the Existing Industry Training Program (EITP), in partnership with the Workforce Development Councils of Alabama (WDCA). This program is designed to provide assistance to Alabama employers for expenses associated with skills upgrade training of their full-time, permanent company employees.

METHODS OF TRAINING:

There are two methods in which training may be requested:

1. Standard method in which a **SPECIFIC** Company is requesting training for their employees. The maximum funding award for a training project for one specific company is \$15,000. Standard Application: Pages 4-9
2. Open Enrollment Scholarship method in which employees with **MULTIPLE** businesses are nominated to attend a training course. Open Enrollment Scholarship Application: Pages 11-16

All applicants must provide evidence of leveraged funds. **Each business location applying must show the matching dollar-for-dollar leveraged / contributions for the funds requested.** All Alabama companies that meet the following requirements may apply:

BUSINESSES APPLYING FOR TRAINING FOR THEIR WORKERS MUST:

- Be “for-profit” and have been in operation in Alabama for a minimum of two (2) years before the application date.
 - As an exception, applications for skills upgrade training of “non-profit” hospital employees will be accepted.
- Have at least one full-time, permanent employee, other than the owner of the business.
- Demonstrate financial viability and be current on all state and federal tax obligations.
- Be requesting a training program that provides for new and/or upgraded job skills that are necessary for the company to maintain or increase competitiveness and/or work skills for the participating employees.
- Demonstrate the benefit that the training will have for business operations and identify the skills that will be acquired by the employees.
- Include clear and measurable performance outcomes in the application.

BUSINESSES NOT ELIGIBLE TO APPLY FOR FUNDS INCLUDE:

- Any business that has received funds, either directly or indirectly, from the State of Alabama under any previous Incumbent Worker Training Program initiative and the terms of the agreement for training were not met or completed.
- Training Providers, Labor Unions, or Government Entities.
- Any business, or business division, that has relocated to Alabama within the past 120 days prior to application and the move resulted in any employee losing his/her job at the original location.
- Any business which has reached the award amount of \$60,000 in the last 10 years from the Incumbent Worker Training Program, regardless of which State agency awarded the funding.
- The applicant should contact the Governor’s Office of Workforce Development prior to submitting an application if it is unsure whether a company is eligible.

Training projects approved for funding (Standard Training Method)

- Each workforce development council will review and prioritize the eligible Standard grant applications submitted to request a training grant. EITP grant amounts are capped at **\$15,000 per company**. The Council will mail the original and one copy of all approved applications, **in priority order of funding (SEE BELOW)**, to DPE, Attn: Tara Brown, PO Box 302130, Montgomery, AL 36130-2130.

- Once approved through channels, official notification will be provided to the two-year college entity acting as Fiscal Agent in the form of an award letter and a grant agreement. The Fiscal Agent will sign grant agreement and submit a copy with a budget to DPE. Upon DPE's receipt / approval of the budget, the training can begin.

Training projects approved for funding (Open Enrollment Training Method)

- Each workforce development council will review and prioritize the eligible Open Enrollment applications submitted to request a training grant. The Council will mail the original and one copy of all approved applications to DPE, Attn: Tara Brown, PO Box 302130, Montgomery, AL 36130-2130.
- Once approved through channels, official notification will be provided to the two-year college entity acting as Fiscal Agent in the form of an award letter and a grant agreement.
- The Fiscal Agent will sign grant agreement and submit a copy with a budget to DPE. Prior to the start of an open enrollment training program, the fiscal agent will provide DPE a roster of the names, class dates, times, places, and the required company match for each individual that will receive a scholarship. Maximum number of employees approved to attend training for each company will not exceed \$15,000 of cost. The total cost of an open enrollment training class **may** exceed \$15,000, if it involves multiple companies.

TRAINING SERVICES:

- Must be coordinated through an ACCS entity, whether training is conducted by the college institution or by a third party training provider. ATN is considered an ACCS entity for the purposes of this grant opportunity and may act as both fiscal agent and training provider.
- Can be conducted at the business's facility, the training provider's facility, or a combination of sites.
- Can be occupational skills training designed to meet special requirements of a business or industry.
- Can be educational training, other than degreed programs, such as workplace literacy, basic skills and "soft" skills.

REIMBURSABLE TRAINING EXPENSES (WITH PROPER DOCUMENTATION):

- Non-company, professional instructor's/trainer's fees.
- Tuition costs for training courses or programs.
- Textbooks/manuals directly related to training.
- Expendable materials and supplies directly related to training.

NON-REIMBURSABLE EXPENSES:

- Trainee (employee) wages.
- Travel, food, or lodging expenses related to program participants and/or trainers.
- Purchases of capital equipment or other durable (long lasting/reusable) training materials/equipment.
- Capital improvements and purchase of real estate, to include the construction or renovation of facilities.
- Purchase of any item or service that may be used outside of the training project.
- Any training-related expenses incurred before project approval or beyond the ending date of the agreement.
- Any training currently being offered by the employer.
- Business-related expenses.
- Training in sectarian activities.
- Training costs associated with professional fields in which continuous education is necessary to retain professional certification, such as Certified Public Accountants, degreed medical professionals, insurance providers, attorneys, etc.
- Training which would result in advanced degrees such as associate, bachelor, master, or doctorate.
- Any costs not approved in the final agreement.

Reimbursements, Reporting Performance, Budget Amendments and Program Modifications

- Requests to make changes to the use of funding must be in writing and approved by the awarding fiscal agent. Modifications to the training must be approved by DPE prior to implementing changes.
- Accurate records must be maintained to document the training activities and reimbursement.
- Reimbursement requests must be submitted with supporting documentation, including evidence that the training expenses were in accordance with the terms of the agreement.

- A final reimbursement request form should be submitted within 30 days following the end of the grant or the end of the formal training, whichever is the earliest.
- Funds not expended by the grant expiration date may be rescinded by DPE.
- Extension of expiration date may be requested and will be considered on a case-by-case basis.

- A submitted reimbursement form must include:
 - Copy of paid trainer (college, private vendor, etc.) invoice. The invoice should include the date(s) and type(s) of training that was provided.
 - For each training session, a copy of the roster, which includes trainees' names and their employer, is required. The date(s) and type(s) of training should be noted on each roster submitted. The roster should include the signature of the trainer or employer certifying that the listed employees actually participated in the training.

REGIONAL WORKFORCE DEVELOPMENT COUNCIL CERTIFICATION / PRIORITIZATION

- Applications must be submitted through the regional workforce development council of the region within which the proposed grant recipient is headquartered or operates. All applications that are submitted must be certified and prioritized by the chair of the council or a member designated by the chair (i.e., grant committee chair) that the application addresses a priority need in the Region. Ex-officio members are non-voting, therefore, may not sign certification statement.
- Applications will be prioritized as follows:
 - There are no limit to the number of EITP grant applications that can be submitted each approved funding cycle.
 - Applications are prioritized in ascending order of significance. The most critical application submitted (i.e. to avert a layoff) will be assigned a #1 priority; the **next** most critical application will be assigned a #2 priority (i.e. skills training for introducing a new product line, leading to an expansion); the **next** a #3; and so on.
 - Only one application should receive a priority #1. No two applications should receive the same priority ranking.

PROPOSAL REVIEW COMMITTEE

- The Proposal Review Committee (PRC) for EITP grants will be comprised of the three regional workforce development liaisons. In order to be responsive to the needs of business and industry, the committee will typically convene quarterly. An appointee of the Governor's Office of Workforce Development shall chair the Committee. PRC members are subject to the provisions contained in the statement of non-disclosure and conflict of interest for each application for funding that is reviewed (appendix F).
- The PRC members will score each application and assign an overall score. The overall score is based on the percentage of the total maximum points applicable to the application as assigned by the PRC. Evaluation criteria and the maximum points possible per subcategory are listed below (score sheet is at appendix F):

GENERAL INFORMATION:

Training can include, but is not limited to, industry or company-specific work skills, safety, technical computer skills, new manufacturing technologies, equipment operation training, changes in production processes, and "soft skills", such as leadership, teamwork, communication, and management skills.

The company must identify, in their application, its contribution (company match) to the training program. The company contributions must equal at least a dollar-for-dollar match of the total requested funds, up to the maximum funding request of \$15,000 per company. Company contributions may include trainee wages and benefits paid during the training period, equipment purchased for training, training materials and supplies, training curriculum development expenses, travel, meals and lodging costs.

The minimum company matching funds for Open Enrollment Method is trainee wages, benefits, and travel and lodging costs (if travel is required).

The Fiscal Agent will provide a record of expenses pertinent to all training conducted using this funding to DPE, ATTN: Tara Brown, P.O. Box 302130, Montgomery, AL 36130-2130. Final expenses must be reported within thirty (30) days after each training activity is completed or the agreement end date, whichever is the earliest.

Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Protection Act)

As a condition of any funds awarded, the grantee agrees to comply with the terms of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act and any subsequent amendments. It is the responsibility of the fiscal agent to ensure compliance of this Act by all sub-grantees.

Workforce Development Councils of Alabama
Existing Industry Training Program
– *Company Specific / Standard Application* –

This Application is for the purpose of providing training for one specific company.

All sections must be completed prior to submitting application. Incomplete applications will be returned.

Project Title: _____

Amount Requested: \$_____ (\$15,000 max amount) College Project Contact E-mail: _____

Section I. Business Information

Name and Address (include **County**) of Company Requesting Training for their Employees:

Physical address of Training (if same as Above, Indicate SAME):

Parent Company Information (if Company is a Subsidiary of Another Company):

Company Contact Information (Name, Title, Phone, E-Mail Address, Company Web Site):

Description of Business (Products or Services):

Years in Business:

Years in Business in Alabama:

Total Number of Full-Time Employees at Location of Where Training is being requested:

Legal Structure of Business (Sole Proprietor, Partnership, Corporation):

Tax Status of Business (For Profit, Not for Profit, Other):

Is the Company Current on all Local, State and Federal Taxes (Yes or No, Explain any No Responses)?:

Is the Company Subject to a Collective Union Bargaining Agreement (If Yes, Attach Endorsement from Union Official):

Section II: Previously Awarded IWTP Funds

Previously Received Training Grant(s) from State or Federal Sources:

If Yes, Describe for Each (Funding Source, Amount, Beginning Date(s), Ending Date(s), Type of Training, Summary of Outcomes, etc.):

Section III: Training Plan for this Application:

Training Start Date:

Training End Date:

Number of employees to be trained:

(Count each person one time and only those trained in the grant period using EITP grant funds)

Section III: Training Plan for this Application (Continued):

Description of the need for the training requested (indicate if this training is needed to avert a layoff):

Narrative summary of training (detailed course description):

Minimum and maximum number of participants needed to make each class:

Training schedule (provide number of days per week, number of hours per day, total hours per class):

If multiple modules, number to be trained in each module:

Section IV: Training Provider

Name and address of training provider (if requesting an out-of-state provider, give justification):

Training provider contact person (Name, Title, Company web site):

Name and qualifications of instructor for each component:

Section V: Training Outcomes

Describe in detail the benefit(s) that the applicant will realize for each component of training:

Clearly describe the goals and outcomes that the employer wishes to achieve and how successes will be measured:

Describe what effect(s) will the proposed training have - for both the employer and the employees:

Will employees that complete the training receive a pay increase? If yes, give amount:

Section VI: Regional Workforce Development Council Certification

I certify that this application for Existing Industry Training addresses a priority need and that the Region ____ Workforce Development Council has reviewed the project application and recommend funding the proposed activities **at the following Priority Ranking _____**.

NOTE: There are no limit to the number of EITP grant applications that can be submitted each approved funding cycle. Applications are prioritized in ascending order of necessity. The **most critical** application submitted will be assigned a **#1** the highest priority; the **next** most critical application submitted will be assigned a **#2** priority; the **next** a **#3**; and so on. Only one application should receive a priority #1. No two applications should receive the same priority ranking.

Printed or Typed Name & Date

Signature *Regional workforce development council chair or Designee (must be **voting member** of the regional council)*

Section VII. Budget:

The applicant should apply only for the amount of funds needed to meet the immediate training needs. The budget must clearly support the training plan. All proposed expenses must be allowable, reasonable and necessary. The applicant must provide a monetary value on the company/employer contributions (column C) that will be made during the training. These contributions may be in-kind, cash, etc.

a.	b.	c.	d.
Budget Category	Requested Funds	Non-Requested Employer Contribution (in-kind, cash, etc., shown in \$)	Explanation/Description
Tuition and Fees			
Instructor Wages			
Instructor travel, food, lodging (non-requested, in-kind)	XXXXXXXXXXXXXX		
Books/Manuals (Itemize)			
Training Certifications, Credentials, Licenses			
Materials and Supplies			
Training Equipment Cost (non-requested, in-kind)	XXXXXXXXXXXXXX		
On-site Facility Usage (non-requested, in-kind)	XXXXXXXXXXXXXX		
Trainee travel, food, lodging (can be company, in-kind)	XXXXXXXXXXXXXX		
Trainee wages (non-requested, in-kind)	XXXXXXXXXXXXXX		
Other			
Total Funds	\$	\$	

Section VIII. Budget Backup: Use this page to explain and/or itemize entries in the preceding budget page.

Tuition and Fees:

Instructor Wages:

Instructor travel, food, lodging (non-requested, in-kind):

Books/Manuals (Itemize):

Training Certifications, Credentials, Licenses:

Materials and Supplies:

Training Equipment Cost (non-requested, in-kind):

On-site Facility Usage (non-requested, in-kind):

Trainee travel, food, lodging (can be company, in-kind):

Trainee wages (non-requested, in-kind):

Other (Other items and related costs not included in the above line items that are required to implement the project included as a grant funded item in the budget page.):

Signature Page

Section IX: Business Authentication:

As the person authorized to act on behalf of the **business requesting training**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Printed or typed name and title, authorized official

Signature/Date

Section X: Fiscal Agent for Funds (Must be an Alabama Community College System Entity):

ACCS Entity to be fiscal agent and mailing address:

Project contact information (Name, title, phone, e-mail):

Fiscal Agent Authentication:

As the institution President or person authorized to act on behalf of the **fiscal agent**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Printed or typed name and title, authorized official

Signature/Date

Section XI: Training Provider Authentication (if different from Fiscal Agent for Funds):

As the person authorized to sign on behalf of the **training service provider**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Project contact information (Name, title, phone, e-mail):

Printed or typed name and title, authorized official

Signature/Date

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See pages 10-13, below for Open Enrollment / Scholarship Application

Workforce Development Councils of Alabama
Existing Industry Training Program
– Open Enrollment / Scholarship Application –

This Application for Funding is for the purpose of requesting training Open Enrollment Scholarships for Employees of Eligible Business or Industry in the Region.

Sections I - VI (below) must be filled out by the Training Provider, one time only for each Open Enrollment course being proposed in the Region.

Sections VII – (below) must be completed by the Fiscal Agent.

Section VIII - XI (below) must be filled out by each Company wishing to nominate employees for training scholarships:

Section I: Training Provider:

Course Title: _____ Amount Requested: \$ _____

Name and address of training provider (if requesting an out-of-state provider, give justification):

Training provider contact person (Name, title, phone, e-mail address, and company web site):

Name and qualifications of instructor for each component:

Section II: Training Component:

Course Title: _____ Cost of each Scholarship: \$ _____

Training Start Date(s): _____ Training End Date(s): _____

Minimum and maximum number of participants needed to make each class:

Training Course Description and Objectives:

Training Schedule (Provide number of days per week, number of hours per day, total hours per class):

Number to be trained each module:

Location(s) of Training:

Section III: Training Component Outcomes:

Description of the need for the training requested:

Narrative summary of training (detailed course description):

Training schedule (provide number of days per week, number of hours per day, total hours per class):

If multiple modules, number to be trained in each module:

Section III: Training Component Outcomes (Continued):

Describe in detail the benefit(s) that the applicants will realize for each component of training:

Clearly describe the goals and outcomes that the employers wish to achieve and how successes will be measured:

Describe what effect(s) will the proposed training have - for both the employer and the employees (i.e. employees will receive an increase of wages upon completing the training, etc.):

Section IV: Regional Workforce Development Council Certification

I certify that this application for Existing Industry Training addresses a priority need and that the Region ____ Workforce Development Council has reviewed the project application and recommend funding the proposed activities **at the following Priority Ranking _____**.

NOTE: There are no limit to the number of EITP grant applications that can be submitted each approved funding cycle. Applications are prioritized in ascending order of necessity. The **most critical** application submitted will be assigned a **#1** the highest priority; the **next** most critical application submitted will be assigned a **#2** priority; the **next** a **#3**; and so on. Only one application should receive a priority #1. No two applications should receive the same priority ranking.

Printed or Typed Name & Date
*Designee (must be **voting member** of the regional council)*

Signature *Regional workforce development council chair or*

Section VI. Budget Backup: Use this section to explain and/or itemize entries in the preceding budget page.

Tuition and Fees:

Instructor Wages:

Instructor travel, food, lodging (non-requested, in-kind):

Books/Manuals (Itemize):

Training Certifications, Credentials, Licenses:

Materials and Supplies:

Training Equipment Cost (non-requested, in-kind):

On-site Facility Usage (non-requested, in-kind):

Trainee travel, food, lodging (can be company, in-kind):

Trainee wages (non-requested, in-kind):

Other (Other items and related costs not included in the above line items that are required to implement the project included as a grant funded item in the budget page.):

Signature Page

Section VII: Training Provider Authentication (if different from Fiscal Agent for Funds):

As the person authorized to sign on behalf of the **training service provider**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Printed or Typed Name and Title, Authorized Official

Signature/Date

Section VIII: Fiscal Agent for Funds (Must be an Alabama Community College System (ACCS) Entity):

ACCS Entity to be Fiscal Agent and Mailing Address:

Project contact information (Name, Title, Phone, E-mail):

Fiscal Agent Authentication:

As the institution President or person authorized to act on behalf of the **fiscal agent**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Printed or Typed Name and Title, Authorized Official

Signature/Date

Section IX: Business Authentication:

As the person authorized to act on behalf of the **business requesting training**, I certify that the information submitted in this application is accurate. I also certify that if funding is approved that I will ensure that the proposed activities as stated will be carried out and agree to follow accountability and reporting requirements. Signature is for application for funds only and does not constitute an agreement of awarded funding.

Printed or Typed Name and Title, Authorized Official

Signature/Date

The following sections must be completed by each Company wishing to nominate employees for training scholarships:

Section X. Admission Information for Each Company Participating:

Company name and address (include County) requesting training for their employees:

Parent company information (if Company is a subsidiary of another company):

Company contact information (Name, Title, Phone, E-Mail Address, Company Web Site):

Brief description of business (Products or Services):

Years in business in Alabama:

Legal structure (Sole Proprietor, Corporation):

Tax status of business (For Profit, Not for Profit, Other):

Is the Company current on all local, state and federal taxes (Yes or No, explain any No responses):

Is the Company subject to a collective union bargaining agreement (If Yes, attach endorsement from union official):

Section XI: Previously Awarded IWTP Funds

Previously received training grant(s) from state or federal sources:

If applicable, briefly describe (funding source, amount, beginning date(s), ending date(s), type of training, etc.):

Section XII: Individual Information for Proposed Trainees (List in Priority Order of Attendance, if Approved):

Name of employee(s) for training	Title	Weekly Salary/Benefits	Years with this Co
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Add additional lines if necessary

NOTE: Section IX - XII (Above) must be filled out by each Company wishing to nominate employees for training scholarships prior to the start date of training.

Appendix A
Proposal Review Committee – Individual Committee Member Score Sheet
Existing Industry Training Program (EITP) Grant Applications

Admin Number: _____

_____ Open Enrollment

_____ Company Specific

Project/Course Title: _____

Requesting Organization: _____

Service Provider (if different than above): _____

Business Name(s) Participating in Training (if known):

The PRC members score each item by the maximum points possible per subcategory and assign an overall score. The overall score is based on the percentage of the total maximum points applicable to the application for funds.

1. _____ Does the company(ies) demonstrate the level that the requested training will provide for new and/or upgraded skills that are necessary for the company to maintain or increase competitiveness and/or work skills for the participating employees? (Priority awarding of points in this category should be considered if the training results in an increase of employees' wages upon completion.) **(10 Points)**
2. _____ Does the grant demonstrate the level of effect that the requested training outcomes will have? The maximum allowable points should be considered in this category if the training is for the purpose of averting layoffs or lowering turnover for the business? **(15 Points)**
3. _____ Does the grant demonstrate the level of effect that the training outcomes will have on business operations and identify the skills that will be acquired by the employees? **(10 Points)**
4. _____ Does the grant include clear and measurable performance outcomes in the application? **(15 Points)**
5. _____ Council Ranking (Priority 1=50, Priority 2=40 points, Priority 3=30 points, Priority 4=20 points)

_____ **Total Score**

Amount Requested: \$ _____

Employer Contribution Amount (100% match required) \$ _____

of employees to be trained _____

Cost of training per employee \$ _____

PRC Recommendations (recommend one of the following to the Director of GOWD):

_____ Fund the proposal

_____ Deny funding for the proposal

Remarks:

Signature

Date

APPENDIX A (Continued)

Office of Workforce Development
Conflict of Interest / Non-Disclosure Statement

I acknowledge that I have been appointed to conduct reviews of proposals received under the Application for Workforce Development Funds for the Office of Workforce Development. I have been briefed about my responsibilities relating to conflict of interest and non-disclosure of information obtained during these reviews.

I do not have any conflict of interest, personal or organizational, real or apparent, in participating in this procurement. If during the course of review, I become aware of an actual or possible conflict of interest, I will notify the Director of the Office of Workforce Development, and seek his advice on withdrawing from participating in the review of an individual proposal or from the review group in its entirety.

Further, I will disclose no information obtained in reviewing proposals under this solicitation to anyone not also participating in this review. Specifically, I will not disclose the number of respondents to the solicitation; the names of individuals and organizations that respond; nor will I disclose any information from technical or cost/pricing submissions of these applicants; except to other reviewers officially assigned to this solicitation.

Finally, if anyone outside the official review chain seeks information about the procurement, I will not supply any information but will refer him or her to the Director of the Office of Workforce Development.

My signature on the front side of this form verifies that: I have read, understand, and agree to comply with all provisions of this conflict of interest / non-disclosure statement pertaining to this specific application for workforce development funds that I am reviewing and scoring.