



Policy Letter #20

TO: All Mid-Carolina Workforce Development Service Providers

FROM: Matthew Fowler, Director

SUBJECT: Incumbent Worker Training (IWT)

PURPOSE

This policy provides guidance on Workforce Innovation and Opportunity Act (WIOA) Section 134(d)(4) which allows Workforce Development Boards (WDBs) to use up to 20 percent of the combined Adult and Dislocated Worker allocated formula program funds to serve Incumbent Workers (IWs).

DEFINITION

Incumbent Worker Training (IWT) is designed to meet the special requirements of an employer (including a group of employers) to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment. The IWT should increase the competitiveness of the employee and employer for the purposes of identifying high-quality IW opportunities. An ideal IWT would be one where a participant acquires new skills allowing him or her to move into a higher paid job within the company; thus, allowing the company to hire a job seeker to backfill the incumbent worker's position.

BACKGROUND

To strengthen the workforce system, per WIOA Section 134(d)(4), WDBs are permitted the use of up to 20 percent of the combined total of Adult and Dislocated Worker allocated formula program funds for NCWorks IWT. An IW is not subject to eligibility requirements for Adults under WIOA, but demographic information is required.

Federal requirements mandate, at a minimum, the following data for each training participant and the information must be entered in NCWorks Online:

- Social Security Number
- Complete Name and Contact Information
- Gender
- Date of Birth
- Citizenship (Right-to-Work status)
- Selective Service Compliance

- Disability Status
- Ethnicity and Race

WDBs are required to collect and report outcomes based on criteria outlined in their local policy similar to reporting requirements found in the NCWorks Online system and approved by the Division of Workforce Solutions (DWS) upon submission of the local policy. The outcome measures should promote a skilled workforce by assisting workers in obtaining the skills necessary to retain employment or to avert layoffs and must increase both the worker's and the company's competitiveness. The workers served under WIOA will be reported using the NCWorks Online system.

Definition of Incumbent Worker

An Incumbent Worker (IW) is:

- at least 18 years of age and a paid employee of the applicant business or businesses;
- in a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- an employee with an established employment history with the employer for 6 months or more.
- a citizen of the United States or a non-citizen whose status permits employment in the United States; and
- an employee to be trained who works at a facility located in North Carolina.

Definition of an Employer-Employee Relationship

An Employer-Employee Relationship must exist between the worker and the employer. Workers who are economically dependent on the business of the employer and will receive a W-2 form for tax filing purposes have an employer-employee relationship.

Individuals who do not meet the definition of the employer-employee relationship are:

- those who will receive a 1099 form for tax filing purposes; or
- those who are placed through a temporary agency.

IWT is not permitted to be used to provide the occupational training a new hire needs.

IWT can be used to either:

- help avert potential layoffs of employees, or
- assist/help improve the skills necessary to retain employment, such as increasing the skills of employees so they can be promoted within the company and create backfill opportunities for less-skilled employees

Non-Federal Share Requirements

An employer or group of employers must pay for a portion of the cost of providing the training to IWs. This portion is defined as the non-federal share and rules for matching are provided at Uniform Guidance 2 CFR 200.306 and 2 CFR 2900.8, respectively, WIOA Section 134(d) (4) (D), and the U.S. Department of Labor Training Employment Guidance Letter (TEGL) 19-16.

The non-Federal share shall be:

- At least 10 percent of the cost, for employers with 50 or fewer employees;
- At least 25 percent of the cost, for employers with 51 to 100 employees; and
- At least 50 percent of the cost, for employers with more than 100 employees.

The size of the employer may be determined by the number of employees currently employed at the local operation where the incumbent worker training will occur.

The non-Federal share may include the amount of wages paid by the employer to a worker while the worker is participating in IWT. The employer may provide the share in cash or in-kind, fairly evaluated. Other examples of an employer's non-Federal share are training equipment purchases, onsite facility usage, employees' food, travel, and/or lodging.

Collaborative IWT is designed to meet the common training requirements of a group of employers. All employers and employees must meet the WIOA criteria. The contract will be written with the lead employer who must have employees included in the training.

ELIGIBILITY REQUIREMENTS

Business Eligibility

The intent of the Mid-Carolina Workforce Development Board's NCWorks Incumbent Worker Training Policy is to provide services for current workers in established businesses in Cumberland County, Harnett County, and Sampson County, North Carolina. Potentially eligible employers able to participate in IWT contracting include private-for-profit businesses, private non-profit organizations, and public sector employers.

An Eligible Business must:

- be current on all tax obligations;
- have an employer-employee relationship with at least five employees;
- have been in operation in Cumberland County for 12 or more months;
- provide participant data; and
- meet non-federal share requirements.

When determining an employer's eligibility for participation, staff must consider the following factors:

- the characteristics of the individuals in the program;
- the relationship of the training to the competitiveness of a participant and the employer; and,
- Other such factors may include:
 - the number of employees participating in the training;
 - the wage and benefit levels of those employees (at present and anticipated upon completion of the training);
 - the existence of other training and advancement opportunities provided by the employer;
 - the credentials and skills gained as a result of the training;

- layoffs averted as a result of the training;
- utilization as part of a larger sector and/or career pathway strategy; and
- employer size

A business is not eligible to receive WIOA IWT reimbursements if:

- the employer has any other individual on layoff from the same or substantially equivalent position;
- the IWT would infringe upon the promotion of or displacement of any currently employed worker or a reduction in their hours;
- the same or a substantially equivalent position is open due to a hiring freeze;
- the positions are for seasonal employment;
- the employer is a private for-profit employment agency (i.e. temporary employment agency, employee leasing firm, or staffing agency); or
- the position is not full time (minimum of 32 hours per week).

Participant Eligibility

For an individual to qualify for IWT under the WIOA guidelines, he/she must be:

- at least 18 years of age and a paid employee of the applicant business or businesses;
- in a relationship that meets the Fair Labor Standards Act requirements for an employer-employee;
- an employee with an established employment history with the employer for 6 months or more;
- a citizen of the United States or a non-citizen whose status permits employment in the United States; and
- an employee to be trained who works at a facility located in North Carolina.
- Per WIOA regulations (20 CFR 683-200(g)), “no individual may be placed in an employment activity if a member of that person’s immediate family is directly supervised by or directly supervises that individual.” For the purposes of this policy, the term “immediate family” includes a spouse, child, son-in-law, daughter-in-law, parent, mother-in-law, father-in-law, sibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, stepparent, stepchild, grandparent, and grandchild.

ATTACHMENTS:

- A: MCWDB IWT Business Guidelines
- B: MCWDB IWT Business Application
- C: MCWDB IWT Application Assessment
- D: MCWDB IWT Contract
- E: MCWDB IWT Final Training Report

Creation Date

July 2022



**MID-CAROLINA
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DEVELOPMENT**

Incumbent Worker Training Grant Business Guidelines

MCWDB Business Guidelines

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities

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Section I: Key Points

- The MCWDB IWT Training Grant is a competitive training grant through which qualifying businesses can address employees' skills gaps and impact company stability. These skills gaps can be a result of a worker's changing responsibilities/requirements in her/his job, or for a worker whose job may potentially be eliminated, and skill upgrading is needed to accept new responsibilities. The MCWDB IWT grant should result in increased knowledge, certifications, and will increase the competitiveness of the employee and employer.
- North Carolina for profit and not for profit businesses located in Mid-Carolina Region with an employer-employee relationship with at least five or more employees, that have been in operation in North Carolina for a minimum of one year prior to the MCWDB submission deadline date, are current on all federal and state tax obligations, and are financially viable are eligible to apply.
- MCWDB IWT Grants are awarded on a competitive, as needed basis and are dependent upon the availability of funding. The maximum lifetime limit is \$100,000.
- The MCWDB IWT Grant is administered by the MCWDB with information and guidelines provided by the Local Workforce Development Boards (LWDB) and the North Carolina Department of Commerce's Division of Workforce Solutions (Division). Applications are submitted directly to the MCWDB. The MCWDB may request additional information or establish supplemental provisions and requirements for the training applications.
- For each program year, **the MCWDB will have funding available for the local IWT program.**
- Businesses should contact the Business Services Representative to inquire of funding availability and other requirements, including program guidelines. The MCWDB's goal is to spend all funds awarded during a program year within that program year. However, each Company awarded a local IWT grant will have six (6) months, to complete training, which may occur after the program year has ended.

| | |
|------------------------|----------------------|
| PROGRAM YEAR BEGINS | PROGRAM YEAR ENDS |
| July 1st | June 30rd |

Section II: Frequently Asked Questions

➤ What is the MCWDB IWT Grant?

The MCWDB IWT Grant is a competitive training grant through which qualifying businesses can address employees' skills gaps and impact company stability. These skills gaps can be a result of a worker's changing responsibilities/requirements in her/his job, or for a worker whose job may potentially be eliminated, and skill upgrading is needed to accept new responsibilities. The MCWDB IWT Grant should result in increased knowledge, certifications, and will increase the competitiveness of the employee and employer.

➤ What is an Incumbent Worker?

An incumbent worker is:

- a. At least 18 years of age and a paid employee of the applicant business or businesses;
- b. In a relationship that meets the Fair Labor Standards Act requirements for an employer- employee;
- c. An employee with an established employment history with the employer for 6 months or more (the majority of employees must be in an employer-employee relationship at least 6 months prior to the MCWDB IW Training Grant's state submission deadline date);
- d. A citizen of the United States or a non-citizen whose status permits employment in the United States; and
- e. An employee to be trained that works at a facility located in Mid-Carolina Region .

➤ What is an Employer-Employee Relationship?

In order for the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions to apply to a worker, the worker must be an "employee" of the employer. This means that an employment relationship must exist between the worker and the employer. The FLSA defines "employ" as the work that the employer directs or allows to take place. Workers who are economically dependent on the business of the employer and will receive a W-2 for tax filing purposes have an employer-employee relationship.

An individual that does not meet the employer-employee relationship are;

- Those who will receive a 1099 for tax filing purposes or
- Those who are placed through a temporary agency.

➤ When should an employer utilize the MCWDB IWT Grant?

An employer can utilize this competitive training solution when an employee has identified

skills gaps that need to be addressed through training, thus enhancing the employee's continued employability and improve business stabilization.

➤ **Which employees would benefit from the MCWDB IWT Grant?**

The MCWDB IWT Grant is beneficial to employees who have identified skills gaps, where eligible training addresses these gaps, improves employee retention, helps stabilize the business, and will increase the competitiveness of the employee and employer. These employees either:

- Need to upgrade skills and knowledge to retain their current job;

OR

- Need to gain new skills and knowledge so they qualify for a different job with their employer.

Additionally, the training provides a significant step towards achieving an industry- or applicant- recognized certification or credential that increases the workers' overall employability.

An ideal incumbent worker opportunity is one where a participant acquires new skills allowing him or her to move into a higher skilled and higher paid job within the company, thus allowing the company to hire a job seeker to backfill the incumbent worker's position.

➤ **Who is eligible to apply?**

A business that is eligible to apply:

- Is a North Carolina for-profit and not-for-profit business;
- Although any eligible business is encouraged to apply, special consideration is given to an employer located within one of the following sectors: healthcare, information technology, construction/trades, or advanced manufacturing.
- Has an employer-employee relationship with the trainees.
- Has at least 5 or more employees with which there is an employer-employee relationship.
- Has been in operation in North Carolina for a minimum of one year prior to the submission deadline date.
- Is current on all federal and state obligations.
- Is financially viable; and
- Must be located in the Mid-Carolina Region.

➤ **What is a not-for-profit business?**

A not-for-profit entity is a legally constituted organization whose primary objective is to support or to actively engage in activities of public or private interest without any commercial or monetary profit purposes. For the purpose of this grant, it is further defined as having the following characteristics: 1) has paid employees (volunteers are not eligible for training under this program); 2) pays required wage taxes; and 3) generates income through the production of products or the provision of services.

➤ **Who is not eligible to apply?**

The following businesses are not eligible to apply for funds under this program:

- A business currently receiving training funds, either directly or indirectly, from North Carolina state government unless those training funds do not duplicate the training efforts outlined in the project application ;
- A business that has received funds either directly or indirectly from North Carolina state government under any previous training initiative, and the terms of the agreement for training have not been met;
- A training provider, unless it is to address the skills gaps of the training provider's incumbent workers;
- A labor union;
- A government entity;
- A company that has already met the Local lifetime limit of \$100,000; and
- Entities whose primary business is education.

➤ **Can a business apply for the MCWDB IWT Grant if it is eligible for other types of training resources, such as customized training?**

In addition to the MCWDB IWT Grant, the North Carolina Community College System provides funds through the Customized Training Program. Introduced in 2008, the Customized Training Program is an integration of two prior programs: The New and Expanding Industry Program (NEIT) and the Focused Industrial Training Program (FIT). To maximize resources, the business must demonstrate that it is not eligible for or has exhausted efforts to secure funding through this or other existing programs (examples: agreement on an acceptable training schedule timeline; availability of funds to meet training timeframe).

Additionally, businesses that are receiving customized training funds from a community college at the time of application will be evaluated on a case-by-case basis to ensure there is no overlap in training.

➤ **What kinds of training can be funded by the MCWDB IWT Grant?**

The following types of training can be funded:

- Occupational skills training designed to meet the special requirements of a business or a group of businesses.
- Educational training defined as short courses that address the identified skills gaps and could lead to a credential or to an industry-recognized certification. The training may include a curriculum course but cannot be part of a trainee's pursuit of an educational degree.

Grant funds will be expended on training activities that take place only in North Carolina **unless** the MCWDB approves training outside the state. If consent is given, all other rules and

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regulations of the MCWDB IWT Grant still apply.

➤ **What is the designated amount per program year for which businesses can apply?**

IWT is an allowable local workforce development board service component authorized by the Workforce Innovation and Opportunity Act (WIOA). The MCWDB may allow up to 20% of its formula funds for Adult or Dislocated Worker to be utilized on IWT (as allowable by law). Businesses can apply for up to \$25,000 per program year provided they do not exceed the \$100,000 lifetime maximum. (The amount approved is contingent upon local area funding levels).

➤ **What is the maximum amount per program year for which a business can apply?**

MCWDB IWT Grant funds are limited, and are, therefore, awarded on a competitive basis, as needed. Eligible applicants can apply for a maximum of \$25,000, per program year, provided the funding is not over 20% of WIOA Adult and Dislocated Worker funds. The lifetime maximum will include local and state IWT funding. The funds are based on availability and the applicant's ability to complete training within six months of award.

➤ **What is the lifetime limit for businesses receiving grants?**

The lifetime limit is \$100,000 (\$25,000 per program year). Businesses with locations in multiple areas of the state will be treated as a single company for the purposes of determining when this maximum is met. The lifetime limit applies to the company, its parent company, and subsidiaries. This applies to all applicants, regardless if they have received a grant before. The business may apply for subsequent, competitive grants, but receipt of a prior grant does not automatically guarantee an award of future grants.

➤ **How is the lifetime limit determined?**

The lifetime limit is determined by adding the amount of State NC Works IWT funds and the local IWT funding received by the company. If a company is awarded the MCWDB IWT Grant but is unable to use **any** of the funds and forfeits the full grant amount, then that grant amount will not count against the total lifetime limit for that company.

➤ **Can a business apply for a grant that will serve different, multiple businesses with common training needs?**

Yes, unique businesses can partner and apply for a collaborative training grant. The businesses pursuing this approach must consult with the Business Services Representative, who will help coordinate this type of application. MCWDB is also encouraged to work with unique businesses in high demand sectors within the local region to complete collaborative applications. All businesses included in the application must meet all rules, regulations, and guidelines of the MCWDB IWT Grant.

The proposal for the common request must:

- Train employees of at least two different businesses, with one of those businesses designated as the Lead Applicant.
- Include employees of the Lead Applicant in the training.

- Include information on each business that will be part of the training. The application has a specific section for this information.
- Include training descriptions and outcomes that address the employees from all businesses impacted by the proposed common training; and
- Be for a collective group of businesses of which *none* have ever received a collaborative training grant.

An application representing common training needs of **two or more businesses** will be subject to the lifetime maximum of \$100,000.

➤ **Is the business required to contribute?**

The employer or group of employers must pay for a portion of the cost of providing the training to incumbent workers. This portion is defined as the non-federal share. The non-federal share is based on the following limits:

- Not less than 10% of the cost, for employers with not more than 50 employees.
- Not less than 25% of the cost, for employers with more than 50 employees, but not more than 100 employees; and
- Not less than 50% of the cost, for employers with more than 100 employees.

The number of employees is based on all locations within North Carolina. The business will be required to calculate its actual non-federal share at the conclusion of the training. Should the non-federal share not meet the limits, the funds could potentially have to be repaid.

➤ **What is the non-federal share?**

The non-federal share provided by an employer participating in the program may include the amount of the wages paid by the employer to a worker while the worker is attending a training program. The employer may provide the share in cash or in kind, fairly evaluated. Examples of the non-federal share are trainees' wages, on-site facility usage, trainees' travel, food, and lodging.

➤ **What costs can be reimbursed by the MCWDB IWT Grant?**

See Section III: Reimbursable/Non-Reimbursable Training Costs for a list of allowable and non-allowable costs.

➤ **What outcomes are expected from the MCWDB IWT Grant?**

When businesses experience a skills gap in their workforce, the company's stability can be compromised. The MCWDB IWT Grant funded by the Federal Workforce Innovation and Opportunity Act (WIOA) addresses such needs by increasing workers' skills, wages, advancement opportunities, knowledge, and certification.

➤ **How is the MCWDB IWT Grant administered?**

The MCWDB IWT Grant is administered through the Mid-Carolina Workforce Development Board

Staff and WIOA Contractor.

➤ **How does a business submit an application?**

First the business must contact the Business Services Representative for the Mid-Carolina Workforce Development Board (MCWDB) that administers the MCWDB IWT Grant program. This contact allows the business and the MCWDB the opportunity to review the guidelines and eligibility requirements, highlight criteria, discuss training priorities, and understand the application time schedule, and other procedures and expectations. Applications for the MCWDB IWT Grant are available by contacting the Business Services Representative.

➤ **How can a business determine if it's parent company and/or subsidiaries have received a MCWDB IWT or an NCWorks IWT Grant?**

The business should work with its Business Services Representative to determine this information.

➤ **Is it required that the applicant use the application form provided?**

Yes. The application is provided as a PDF fillable document. *All* information is to be provided *within* the form. The space will expand to accommodate the information. Please do **not** include trainer's resumes or other excess information. Also, a trainer's qualifications, course descriptions and objectives should be summarized within the form.

➤ **Is an authorized electronic signature acceptable?**

Yes. All sections requiring a signature must have an authorized signature. An electronic or original signature of an authorized individual is acceptable.

➤ **What technical assistance is available to assist the business?**

Businesses and vendors should contact the Business Services Representative for technical assistance throughout the process.

➤ **When can a business apply for an NCWorks IWT Grant?**

Businesses and vendors should contact the MCWDB before beginning the application process. The schedule for the MCWDB IWT will be determined by the availability of funding and the program year schedule.

➤ **How will funding decisions be made?**

The MCWDB Staff will review the application for viability and make funding recommendations based on the MCWDB IWT criteria. The number of awards approved per program year is based on funding availability and the number of eligible applications as determined by MCWDB.

➤ **How will I know if my business' application is approved?**

The MCWDB Business Services Representative will notify the business of action taken on its application. The MCWDB and WIOA contractor will begin the process of developing a contract between it and the successful applicant, to be executed within 30 days of the date of the Notice of Funds Availability cover letter from the MCWDB. The contract will set forth all processes and

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expectations for administering, implementing, and completing the training. If the contract is not executed within the aforementioned 30-day time frame, the grant award becomes null, and void and the business will have to re-apply in a future round. Each project will be monitored and evaluated by the MCWDB Staff, with outcomes reported to the MCWDB.

➤ **How long does a business have to conduct the training?**

It is recommended that training be completed within the program year the funding was awarded. Businesses will have six (6) months to complete training, which may extend into a new program year.

➤ **Can the contract be extended?**

A business is expected to carefully assess its training needs so that it will apply only for the funds needed for training that addresses its employees' skills gaps and can be completed within the program year funding was awarded. Under **extenuating circumstances**, a request can be made by the business to the MCWDB Staff to extend the date of a contract. The request will be presented to the MCWDB by the MCWDB staff, and the final decision will reside with the MCWDB. In any event, no extension will exceed 30 days past the end date of the original contract.

➤ **Once the business has been awarded a MCWDB IWT Grant, can it change the type(s) of training or use of funds approved in the grant?**

The MCWDB IWT Grant is a competitive training grant, and each application is evaluated against eligibility criteria. If there is an extenuating circumstance that leads to a need to request a change to the approved training, the business must contact the Business Services Representative to discuss the best alternatives. Training changes cannot create a new application and must continue to address the trainees' originally identified skills gaps, be completed within the original program year timeframe, and meet the MCWDB IW criteria. The Business Services Representative will evaluate each request on a case-by-case basis and consult with the MCWD Board and Director for a final decision.

➤ **What information is a business required to supply to the MCWDB on the employees to be trained?**

The Business Services Representative will discuss with the business the employee information required on the trainees. Federal requirements mandate funded businesses provide, at a minimum, the following data for each training participant:

- Social Security Number
- Complete Name and Contact Information Gender
- Date of Birth
- Citizenship (Right-to-Work Status) Selective Service Compliance Person with Disability
- Ethnicity and Race

It is possible that more information may be needed. The business must also ensure that each trainee has an employer-employee relationship and an employment history of 6 months or more with the employer.

➤ **Are any reporting requirements expected of the business?**

Yes. The Mid-Carolina Workforce Development Board (MCWDB) will advise and discuss the reporting requirements for the grant award, to include content, time frame and other matters. A final report on the training is due no later than thirty (30) days from the *end of the training*. It will be forwarded to the MCWD Board by the Business Services Representative.

Section III: Reimbursable/Non-Reimbursable Training Costs

Reimbursable/Non-Reimbursable Training Costs

The following is a listing of reimbursable and non-reimbursable training costs for the MCWDB IWT Grant:

Allowable Training Costs:

1. Training / Course registration
2. Training that results in participants obtaining an industry-recognized certification or credential to include training preparation for certification exams. Funding must be requested for both the training and the certification exam and completed within the six (6) month contract
3. Web-based online training
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks / manuals used 100% for the training activities
6. Travel for trainers-if the requested training is not available within reasonable proximity to the business
7. Process improvement or quality-related training

Non-Allowable Training Costs:

1. Employee related costs such as wages, fringe benefits, travel
2. Training-related costs incurred prior to the beginning date of the contract with the LWDB or after the contract ends.
3. Training that the company or an entity on the company's behalf already provides to its employees.
4. Training that a company is mandated to provide on a regular basis to its employees by federal, state, or local laws
5. Continuing Education Units (CEUs) and other training that is specifically required for an employee or entity to maintain licensure, certification, or accreditation
6. Courses that are part of a trainee's pursuit of an educational degree
7. Employment or training in sectarian activities
8. Curriculum design and/or training program development
9. Trainers employed by any business whose employees are being trained to include parent company employees

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10. Purchase of employee assessment systems or systems usage licenses (example: site licenses)
11. Company website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
12. Third party compensation or fees not directly related to the provision of the requested training
13. Any costs that would normally be considered allowable, but for which there is no request/cost for training related to the item(s) within the application
14. Capital improvements, purchase of real estate, to include the construction or renovation of facilities or buildings, and capital equipment or other durable (long lasting and/or reusable) training materials
15. Business relocation or other similar/related expenses
16. Travel outside of contiguous United States or costs associated with bringing a trainer into the country
17. General office supplies and non-personnel services costs (example: postage and photocopying)
18. Membership fees/dues
19. Food, beverage, entertainment, and/or celebration related expenses
20. Job/position profiling
21. Publicity/public relations costs
22. Costs associated with conferences

**Mid-Carolina Workforce Development Board
Incumbent Worker Training Grant
Business Application**

Section I: Business Information

| | | |
|--|--|--|
| Business Name: | | |
| Street/Mailing Address: | | |
| City/State: | Zip: | County: |
| Business Contact Person & Title: | Email: Phone: Fax: | |
| Description of Business Product(s) or Services (3-5 sentences): | | |
| Months/Years in business: | Total number of paid employees at this location: | Legal Structure of Business: Sole Proprietor Partnership Corporation LLC Other: |
| Tax Status of Business: For-profit Not-for-profit | Business's Federal ID #: Unemployment Insurance ID#: | |
| Parent Business? Yes No <i>(If yes, please indicate business names in space provided.)</i> | Parent Business Name: Representative: Contact Phone & Email: | |
| Is this a collaborative grant? Yes No <i>(If yes, please indicate business name in space provided.)</i> | Business: Representative: Contact Phone & Email: | |

Section II: Training Summary *(If applying for more than one training, request another training summary template from Mid-Carolina Workforce Development Board; do not combine training information.)*

| | |
|--|--------------------|
| Training Topic/Course Title: | |
| Course Description and/or Objectives: | |
| Estimated Training Date(s): | |
| Number of Trainees: | Training Location: |
| Name of Training Provider (Organization - if applicable): | |
| Name of Trainer/Instructor: | |
| Address, City, State, Zip: | |
| E-Mail Address: | Phone: |
| Qualifications of Trainer/Instructor to Teach Component (2-3 sentences): | |

Section III: Budget

Instructions: If applying for more than one training, request another budget template from Local Area name WDB; do not combine budget info for multiple trainings. Refer to the Reimbursable /Non-Reimbursable expenses sheet for specific costs that can or cannot be included in the budget request

| Category | Training Cost | Grant Funds Requested | Explanation/Detail: |
|---|-----------------------------------|--------------------------------------|---------------------|
| Training/Course Registration | \$ \$ \$ \$ \$ | \$ \$ \$ \$ \$ | |
| Manuals/Textbooks | \$ | \$ | |
| Training Certifications, Certificates, Credentials, Licenses | \$ | \$ | |
| Materials and Supplies | \$ | \$ | |
| Travel Expenses (<i>see Allowable Training Cost section #6 on page 4</i>) | \$ | \$ | |
| | Total Training Cost: \$ | Total Amount Requested: \$ | |

Business's Non-Federal Share (Indicate only one with information in corresponding table)

My business has less than 50 employees: A 10% non-federal share is required for this grant

My business has between 50-100 employees: A 25% non-federal share is required for this grant

My business has more than 100 employees: A 50% non-federal share is required for this grant

| | | | |
|-----------------------------------|---------------------|---------------------|---------------------|
| Wages: \$ | Facility Fee: \$ | Meals/Travel: \$ | Others: _____ \$ |
| Total Non-Federal share: \$ _____ | | | |

Section IV: Training Abstract

Please provide all of the following information on a separate document

1. Background information on the business.
2. Overview of the training and information to support the request and need for training.
3. Description of how the requested training will address the identified skills gaps, improve employee retention, impact business stability, and increase the competitiveness of the employee and business.
4. Reason for requesting financial assistance to conduct the training.

Section V: Authorization and Certification

As authorized representative of the Business submitting this application, I hereby certify that:

- I have read the Mid-Carolina Workforce Development Board (MCWDB) Incumbent Worker Training (IWT) Policy.
- The Business meets the requirements of the policy regarding business and employee eligibility and is eligible to submit this application.
- The information contained in this application is true and accurate.
- I am aware that any false information, intentional omissions, or misrepresentations may result in rejection of the application and possible disqualification for future funding.
- The Business agrees to adhere to all reporting requirements requested by MCWDB upon notification of award.
- The Business agrees to provide all data elements as required for federal reporting.
- The Business confirms and verifies that all employees' verification documents are current and accurate and are available upon request by the MCWDB .
- The Business agrees to resubmit this application if MCWDB requests edits within the designated timeframe.
- The request training expense is in accordance with the reimbursable requirements outlined in the MCWDB IWT Policy.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act participant, subcontractor or potential beneficiaries of employment and training programs or projects because of race, color, disability, religion, age, sex, national origin, political affiliation or belief

Business Representative Print Name: _____

Business Representative Signature: _____

Date: _____

**Mid-Carolina Workforce Development Board
Incumbent Worker Training Grant
Application Assessment**

PURPOSE: The purpose of this document is to provide a common assessment methodology for each application submitted for the Mid-Carolina Workforce Development Board (MCWDB) Incumbent Worker Training (IWT) Grant.

INSTRUCTIONS:

Complete **one form per application** received by the MCWDB. Each form will be used to assess the application for adherence to criteria and completeness. If application is a collaborative application, each assessment question will apply to each business collectively.

The Business Services Representative is responsible for assessing the quality of the information and assuring that the information addresses and supports the eligibility criteria. If a requirement on the business application is not met, the application will not be viable for the MCWDB IWT Grant Program. The Business Services Representative will work with a business in revising the application if it deems that the business has misunderstood, skipped, or inaccurately answered criteria questions, if time and conditions allow. If an application is not complete, the Business Services Representative will work with the business to complete an application if time and funding allows during the fiscal budgeting year. In some cases, an application may need to be deferred to the next program year for consideration.

Business Name: _____

Address: _____

Date of Review: _____

Training Topic: _____

Amount Requested: _____

Total IWT Funding Received: _____

Application Version: _____

Section I: Business Information

| Question | Answer | Comments |
|---|--------|----------|
| What is the structure of the business? | | |
| Has the business been in operation in Mid-Carolina Region for at least 12 months? | | |
| Does the business have at least 5 employees? | | |
| Have the proposed employees to be trained been employed at the business for at least 6 months prior to anticipated training start date(s)? | | |
| Is the business a subsidiary of another business or affiliated with a parent company? If yes, has the business provided all information about the parent company? | | |
| Is the business current on all state, federal, county, and local taxes? | | |
| Is the business subject to collective bargaining? If yes, is a letter of endorsement included? | | |
| Has the business previously used the Incumbent Worker Training Grant Program? | | |

Section II: Funding Consideration

| Question | Answer | Comments |
|--|--------|----------|
| Has the applicant confirmed that all employees to be trained meet the definition of an Incumbent Worker as defined in the MCWDB IWT Policy and Business Guidelines? | | |
| Is the training requested in this application available from any public-funded community college or university? | | |
| Has the applicant previously received any NCWorks Incumbent Worker Training Grant funding? If yes, has the applicant provided complete information and the relationship, if applicable, to the training requested in this application? | | |
| Does the application satisfy the non-federal share requirement of the total amount requested? | | |
| Is the non-federal share fairly evaluated? | | |
| Does the training project indicate that the project will occur after the beginning date of the contract with MCWDB? | | |
| Will the training project be completed within 6 months? | | |
| Does the training project address the skills gaps of an employee or group of employees? | | |

| | | |
|--|--|--|
| Will the training result in the increased productivity, profitability, competitiveness, or sustainability of the applicant? | | |
| Will the training result in retention and/or promotion of the designated employee(s) to be trained? | | |
| Is the training topic clearly aligned to the training need outlined in the application? | | |
| Does the training provider have strong qualifications related to this training topic? | | |
| Is the amount requested reasonable in terms of the training topic(s)? | | |
| Is this a collaborative grant application? If yes, have the names of all the companies and the number to be trained been provided? | | |
| Does the proposed training fall within the reimbursable requirements outlined in the Business Guidelines? | | |

Section III: Brief Summary of Overall Application and Additional Comments for Consideration:

MCWDB IWT Application Assessment

Applicant: _____

Reviewer's Name: _____

Title/Position: _____ Date: _____

Scale Values

| 5 - Outstanding | 4 - Superior/Excellent | 3 - Very Good | 2 - Good | 1 - Fair | |
|--|------------------------|---------------|----------|----------|---|
| 1. Application Completeness | 5 | 4 | 3 | 2 | 1 |
| 2. Accurate Budget | 5 | 4 | 3 | 2 | 1 |
| 3. Strength of Narrative | 5 | 4 | 3 | 2 | 1 |
| 4. Need for Funds | 5 | 4 | 3 | 2 | 1 |
| 5. Reasonable Request | 5 | 4 | 3 | 2 | 1 |
| 6. Potential impact to business | 5 | 4 | 3 | 2 | 1 |
| 7. Potential impact to incumbent worker(s) | 5 | 4 | 3 | 2 | 1 |
| 8. Potential Impact to underserved populations | 5 | 4 | 3 | 2 | 1 |
| 9. Potential impact to local economy | 5 | 4 | 3 | 2 | 1 |
| 10. Addition points – Each yes = 1 point | 5 | 4 | 3 | 2 | 1 |

First Time Applicant (Y/N) _____

Rural Business (Y/N) _____

Credential Attainment (Y/N) _____

Small Business (5-25 employees) (Y/N) _____

Targeted Growth Sector (Y/N) _____

(Adv. Manu., Healthcare, IT/Technology, Construction/Skilled Trades)

Requested Grant Amount \$_____ Approved Grant Amount \$_____

Total Score: _____

MCWDB IWT Application Assessment

Applicant: _____

Reviewer's Name: _____

Title/Position: _____ Date: _____

Scale Values

| 5 - Outstanding | 4 - Superior/Excellent | 3 - Very Good | 2 - Good | 1 - Fair | |
|--|------------------------|---------------|----------|----------|---|
| 1. Application Completeness | 5 | 4 | 3 | 2 | 1 |
| 2. Accurate Budget | 5 | 4 | 3 | 2 | 1 |
| 3. Strength of Narrative | 5 | 4 | 3 | 2 | 1 |
| 4. Need for Funds | 5 | 4 | 3 | 2 | 1 |
| 5. Reasonable Request | 5 | 4 | 3 | 2 | 1 |
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| 7. Potential impact to incumbent worker(s) | 5 | 4 | 3 | 2 | 1 |
| 8. Potential Impact to underserved populations | 5 | 4 | 3 | 2 | 1 |
| 9. Potential impact to local economy | 5 | 4 | 3 | 2 | 1 |
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Rural Business (Y/N) _____

Credential Attainment (Y/N) _____

Small Business (5-25 employees) (Y/N) _____

Targeted Growth Sector (Y/N) _____

(Adv. Manu., Healthcare, IT/Technology, Construction/Skilled Trades)

Requested Grant Amount \$_____ Approved Grant Amount \$_____

Total Score: _____

MCWDB IWT Application Assessment

Applicant: _____

Reviewer's Name: _____

Title/Position: _____ Date: _____

Scale Values

| 5 - Outstanding | 4 - Superior/Excellent | 3 - Very Good | 2 - Good | 1 - Fair | |
|--|------------------------|---------------|----------|----------|---|
| 1. Application Completeness | 5 | 4 | 3 | 2 | 1 |
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First Time Applicant (Y/N) _____

Rural Business (Y/N) _____

Credential Attainment (Y/N) _____

Small Business (5-25 employees) (Y/N) _____

Targeted Growth Sector (Y/N) _____

(Adv. Manu., Healthcare, IT/Technology, Construction/Skilled Trades)

Requested Grant Amount \$_____ Approved Grant Amount \$_____

Total Score: _____

MCWDB IWT Application Assessment

Applicant: _____

Reviewer's Name: _____

Title/Position: _____ Date: _____

Scale Values

| 5 - Outstanding | 4 - Superior/Excellent | 3 - Very Good | 2 - Good | 1 - Fair | |
|--|------------------------|---------------|----------|----------|---|
| 1. Application Completeness | 5 | 4 | 3 | 2 | 1 |
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First Time Applicant (Y/N) _____

Rural Business (Y/N) _____

Credential Attainment (Y/N) _____

Small Business (5-25 employees) (Y/N) _____

Targeted Growth Sector (Y/N) _____

(Adv. Manu., Healthcare, IT/Technology, Construction/Skilled Trades)

Requested Grant Amount \$_____ Approved Grant Amount \$_____

Total Score: _____

Signature of Mid-Carolina Regional Council Finance Officer

COST REIMBURSEMENT CONTRACT FOR INCUMBENT WORKER TRAINING SERVICES PROVIDED UNDER TITLE I OF THE WORKFORCE INVESTMENT ACT

This Agreement, made and entered into this the __ day of ____, by and between the Mid-Carolina Workforce Development Board Local Area, hereinafter referred to as the "Local Area", designated as a Local Area for delivery of services under the Workforce Innovation and Opportunity Act (WIOA) of 2014, and __, hereinafter referred to as the "Company" or the "Contractor."

WITNESSETH THAT:

1. BASIS FOR AGREEMENT

Pursuant to the provisions of the Workforce Innovation and Opportunity Act and its implementing regulations, this agreement is written for the purpose of providing incumbent worker training.

Based on the application submitted by the Company and negotiations among all parties, the Company agrees to train __ incumbent workers as described in the approved application. (Attachment A)

The Company warrants that the information set forth in the application (Attachment A) is true, correct, and complete in all material aspects and that such application may only be amended by prior approval of the Local Area and subject to mutual agreement by all parties. In the event the Company is advised or becomes aware that any material aspect set forth in the application has changed, the Company understands it is under an affirmative duty to immediately notify the Local Area in writing.

The Local Area is prepared to provide funds not to exceed \$__ as outlined in the approved Program Budget, as described in the application. These funds shall be expended solely for the purpose of the approved program budget on a reimbursement for performance method of payment.

2. TERM OF AGREEMENT

The term of the Agreement shall commence on _ and shall remain in effect until __. Training may not begin prior to the effective date of this Agreement.

3. PAYMENT

Payment. – The Company agrees that the Local Area will make full payment pending the receipt and approval of all required reports, documentation of expenditures, verification of training participation and program performance attainment as submitted by the Company.

Availability of Funds. The Local Area’s liability under this Agreement is contingent upon the continued availability of appropriated and allocated funds under the Workforce Innovation and Opportunity Act. The Company agrees that the Local Area shall be the final determiner of the availability of such funds.

4. REQUIREMENTS OF THE COMPANY

During the term of this Agreement, the Company agrees to:

- (a) comply with all applicable federal, state and local laws related to the execution of the program;

- (b) cooperate with the Local Area in every reasonable way to ensure the successful delivery of the training program and attainment of specific training objectives;
- (c) have all employees who participate in the training complete application forms for participation in the Workforce Innovation and Opportunity Act Funded activities and maintain documentation demonstrating their eligibility for services.

Progress Reports. During the term of this Agreement, the Company shall provide the Local Area with cumulative progress reports, which are due by the 15th of each month. The progress reports should contain accurate information about activities, accomplishments and expenditures through the end of the preceding month. These reports are not a replacement for the other reports and audits, which may be required elsewhere in this Agreement. Monthly progress reports shall specify:

- (a) an accounting of actual expenditures in comparison with the budgeted expenditures; and
- (b) individual trainees by name, job title, name of training component, beginning and ending dates of training, total training hours, training hours completed and current status of each trainee's participation in the training.
- (c) An assessment of the program's performance in relation to the planned performance as established in the proposal (Attachment A).

Final Program and Budget Report. Within 45 days of completion of training, or within 45 days of the expiration of this Agreement, whichever occurs first, the Company will provide the Local Area with a certification that the training program has been completed in compliance with the terms and conditions of this Agreement. The Company will provide a report that will specify:

- (a) a summary of the actual total training program costs and the total funds transferred to the Company by the Local Area pursuant to this Agreement;
- (b) the actual number of incumbent employees trained by the Company in conjunction with this training program;
- (c) a summary of the training actually accomplished under the program and the program's impacts on the company's employees and its productivity, profitability and competitiveness (Attachment H).
- (d) the Company will provide the Local Area and its designees access to trainees for the collection of information relevant to assessing the quality and effectiveness of the training provided under this Agreement;
- (e) the Company will provide the Local Area and its designees access to financial information and documentation relevant to determining the appropriateness of expenditures and reimbursements provided under this agreement.

Audit and Records. During the term of this Agreement, the Company agrees to comply with the following requirements:

- (a) maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices which sufficiently and properly reflect all revenues and expenditures for funds provided by the Local Area for a period of three years after conclusion of the Agreement.
- (b) the aforesaid records, books, documents, and other evidence shall be subject at all times to inspection, review, or audit by representatives of the Mountain Local Area and/or state personnel responsible for the oversight, monitoring, and evaluation of the Workforce Innovation and Opportunity Act.
- (c) submit all bills for fees or other compensation for services or expenses in detail sufficient for a proper pre-audit and post-audit;
- (d) maintain financial records and reports related to funds paid to any parties for work on the matters which are the subject of this Agreement; and
- (e) include these record-keeping requirements in contracts and subcontracts entered into by the Company with any party for work required under terms of this Agreement.

Liability. The Company assumes the risk of any claims, suits, judgments or damages arising from the Company's performance of, or failure to perform, the tasks and duties that are the subject of this Agreement, or from the Company's participation in the program. The Company shall indemnify, defend, and hold the Local Area, its staff and agents, the Consortium and the Administrative Entity harmless from all claims, suits, judgments or damages arising out of intentional acts, negligence or omissions by the Company during performance of the tasks and duties, which are the subject of this Agreement.

Upon reasonable written request, the Company will allow the Local Area to access information specific to the wages and performance of participants upon completion of the training program for evaluation purposes.

The Company shall also cooperate with the Local Area in completing surveys one year after training to assist in determining the long-term effectiveness of the training program.

The Company shall act as an independent contractor and not as an employee of the Local Area in the performance of the tasks and duties that are specific obligations of the Company pursuant to this Agreement.

Non-discrimination. The Company will not discriminate against any employee employed in the performance of this Agreement, or against any applicant for employment because of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

5. TERMINATION

In the event that the Company materially defaults in the performance of any duty, obligation, covenant or agreement imposed on it or made by it in this Agreement, then the Local Area shall provide to the Company notice of such default. The Company shall have fifteen (15) calendar days within which to initiate action to correct the default and thirty (30) calendar days within which either to cure the default, or to demonstrate to the satisfaction of the Local Area that corrective action has been taken and will likely result in curing the breach. In the event that the Company fails to cure the default, the Local Area will have the right to terminate this Agreement.

The Company shall permit public access to all public documents or other materials prepared, developed or received by them in connection with the performance of their obligations or the exercise of their rights under this Agreement. The Local Area may terminate this Agreement if the Company fails to allow such public access.

6. MODIFICATION

Any renewal or extension of this Agreement must be specified in writing and agreed to by both parties.

This writing contains the entire Agreement of the parties. No representations were made or relied upon by any party, other than those that are expressly set forth in this Agreement. No agent, employee, or other representative of any party is empowered to alter any of the terms of this Agreement, unless done in writing and signed and approved by an authorized signatory of the Local Area and an executive officer of the Company. The parties agree to renegotiate this Agreement if revisions of any applicable laws, regulations or decreases in allocations make changes to this Agreement necessary.

7. GENERAL CONDITIONS

The Company acknowledges and agrees that any expenses incurred above and beyond the grant funds shall be borne and paid by the Company. The Company will be liable for any project funds used for purposes

other than payment of costs listed in the approved budget. The Company shall indemnify and hold the Mid-Carolina Workforce Development Board Local Area harmless for claims made by any third party with respect to expenses incurred or activities performed by the Company in fulfillment of this project.

The following activities **shall not** be funded with any of the grant funds: (a) trainees' wages, salaries or fringe benefits; (b) purchase of capital equipment, furniture or fixtures; (c) real estate, capital or facilities improvements or renovations; (d) business relocation expenses; (e) costs incurred prior to the approval date of the application; (f) employment or training in sectarian activities and (g) lobbying of state or federal legislatures, judiciaries or agencies.

The parties agree to comply with all the terms and provisions of this Agreement including and incorporating herein the following specified Attachments:

- Attachment A – MCWDB IWT Grant Application
- Attachment B – MCWDB IWT Final Training Project Report
- Attachment C – MCWDB IWT Business Guidelines

IN WITNESS WHEREOF, the parties have caused their hand to be set by their respective authorized officials hereto.

Mid-Carolina Development Board

Legal Name of Company

BY: _____
Signature of Authorized Official

BY: _____
Signature of Authorized Official

NAME: _____
Print or Type

NAME _____
Print or Type

TITLE: _____
Print or Type

TITLE: _____
Print or Type

DATE: _____

DATE: _____

**Mid-Carolina Workforce Development Board
Incumbent Worker Training Grant
Final Training Project Report**

Please complete the requested information and submit to the Mid-Carolina Workforce Development Board (MCWDB) Business Services Representative within the timeframe requested.

For internal MCWDB use only.

Name: _____

A. Amount of grant award (to **include** the administrative fee): _____

B. Actual funds expended (to **include** the administrative fee): _____

C. Amount to be de-obligated (A - B = C): _____

D. Does the business' non-federal share contribution meet the criteria limits? _____

Signature of Authorized MCWDB representative _____

Company Information

Business Name: _____

Business Address: _____

Name of Business Representative Completing this report: _____

Title: _____

Phone Number: _____

Email Address: _____

Training Information

Complete the information for all participants in the training provided through this grant.

1. How did this training avert lay-offs?

2. Planned # of trainees (count each 1 time – do not include those who attended an overview/introduction to the training): _____

3. Actual # of trainees (count each 1 time – do not include those who attended an overview/introduction to the training): _____

4. What is the actual amount expended or contributed for the non-federal share contribution? \$ _____
5. How many trainees have kept their jobs as a result of this training?
Be as accurate as possible: _____
6. Was training provided to the employees as approved in the application? Yes/No _____

If no, please explain:

7. Was any of the training provided through this grant available from a publicly funded local community college or university? Yes/No _____

If yes, and you did not choose that source as a training vendor, please explain why:

8. How many businesses were involved in this training? _____

If more than one, did all businesses participate as proposed in the application?
Yes/No _____

If no, please explain:

Training Outcomes

1. Describe how trainees' skill levels were increased as a result of the training.

2. Certifications/Licenses/Credentials: If applicable, list the type(s) and quantity of skill certifications/licenses/credentials received by the trainees. Do not include "Certificates of Completion."

| TYPE | QUANTITY |
|------|----------|
| | |
| | |
| | |

3. Did any trainees receive a wage increase after completion of training? Yes/No _____

If yes, please complete the following:

| # of Trainees | % of Increase |
|---------------|---------------|
| Ex: 3 | 5 |
| | |
| | |
| | |

4. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training? Yes/No _____

If yes, how many? _____

5. If other outcomes were realized, please describe.

Customer Satisfaction

1. How did you hear about the Incumbent Worker Training Grant Program?

2. Please briefly describe the company's overall experience with this training program.

3. Were you satisfied with the training that was provided? Yes/No _____

If no, please explain:

4. Would you recommend the Incumbent Workforce Development Training Program to other businesses?
Yes/No _____

If no, please explain:

5. If this training was provided for a multiple business collaborative, please explain how it was or was not an effective training delivery method.