

Rivers East Workforce Development Board

1502 N Market Street, Suite A
Washington, NC 27889
Tel: (252) 946-8043 / Fax: (252) 946-5489
www.riverseastwdb.org



RIVERS EAST LA ISSUANCE 2021-29

SUBJECT: INCUMBENT WORKER TRAINING

PURPOSE: To establish guidelines and the application process for businesses to request incumbent worker training funds.

ACTION: Businesses should be directed to contact Local Area Board staff to begin the review and application process.

EFFECTIVE DATE: November 10, 2021

A handwritten signature in black ink that reads "Jennie Bowen". The signature is fluid and cursive, with the first name "Jennie" being more prominent than the last name "Bowen".

Jennie Bowen
Workforce Development Director

Attachment

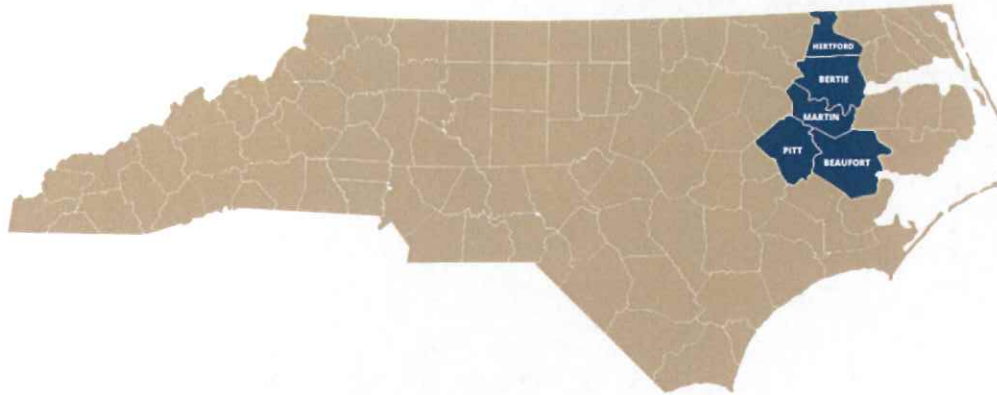
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Mid-East Commission • Workforce Development Department
"Committed Equal Opportunity Employer/Programs"

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Incumbent Worker Training Program



Policy and Program Guidelines

Program Year: July 1, 2021 to June 30, 2022

Rivers East Workforce Development Board
Mid-East Commission
1502 N Market St, Suite A
Washington, NC 27889
252-946-8043

Funded through the Workforce Innovation and Opportunity Act

An Equal Opportunity/Affirmative Action Employer/Program. Auxiliary aids and services available upon request to individuals with disabilities.

Policy and Guidelines

Incumbent Worker Training Grants (IWG) are designed to meet the special requirement of an employer 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. All grants are funded through the Workforce Innovation and Opportunity Act (WIOA). Provided funding is available, the Rivers East Workforce Development Board (WDB) will designate \$60,000 per program year to IWGs.

Incumbent Worker Training Guidelines:

- 1) Incumbent workers must have a skills gap. These skills gaps can be a result of an incumbents changing responsibilities and/or requirements in her/his job, or for an employee whose job may potentially be eliminated and skill upgrading is needed to accept new responsibilities.
- 2) The training(s) should result in *increased knowledge/skills or wages* for the employee and increase the stability and competitiveness of the employer.
- 3) Trainings that results in or provides a significant step towards achieving an industry-recognized certification/credential will receive preference.
- 4) North Carolina for profit and not-for-profit businesses that have been in operation in North Carolina for a minimum of *twelve-months (12) are eligible to apply*; eligible employees must have been employed for a minimum of *six-months*.
- 5) The maximum grant amount per award is **\$10,000**. Beginning September 1, 2021, the lifetime limit for businesses will be \$100,000 per two-year cycle. Collaborative grants with two or more businesses have a maximum award amount of \$12,500; same lifetime maximum. The collaborative award amount will be equally portioned among all the businesses listed on the application.
- 6) Businesses can submit their applications at any time during the program year to the Rivers East Workforce Development Director by completing the application and following the submission process.
- 7) All applications are reviewed through the WDBs NCWorks Committee and then approved by the full WDB.

After the grant is awarded, a contract will be established between our administrative entity, Mid-East Commission, and the business. The business will pay for the training (in accordance with the budget set forth in their application) and be reimbursed once the training has been completed.

Application Process

Eligible businesses can apply at any time during the program year by completing the Grant Application. Once completed, the business will forward to the WDB. The business will receive a notice within 48 hours of the application being received with an estimated time of when the Review Committee will meet. Once a final decision is made, the WDB will notify the business within 48 hours and provide any additional feedback, if applicable.

What happens after a business is awarded a grant?

1. A contract is established between Mid-East Commission (the Administrative Entity for the WDB) and the business *within a month* following the WDBs approval.
2. Mid-East Commission holds the funds for the training until the training is complete. Training must be completed within 12 months from the date of the contract.
3. On or before the training begins, the employer will submit a Trainee Application for each employee.
4. After completion of the training, the business will submit:
 - a. a reimbursement request (with their invoice and proof of payment to the training provider);
 - b. a goal attainment report; and
 - c. a trainee roster.

If there is an extenuating circumstance that leads to a need to request a change to the approved training, the business must contact the WDB to discuss the best alternatives. Changes in the training(s) will not necessitate a new application but the business will need to complete an amended training form and submit to the WDB as soon as possible. If necessary, the WDB may convene the grant review committee to review these changes as it relates to the purpose of this grant, including the trainees' originally identified skills gaps. The training will still need to be completed within the one-year timeframe.

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

Yes, unique businesses can collaborate and apply for a collaborative training 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 training descriptions and outcomes that address the employees from all businesses impacted by the proposed common training
- Include information on each business that will be part of the training. The application has a specific section for this information

Is the business required to contribute to the cost of the training?

The employer or group of employers must pay for a portion of the cost of providing the training to their employees. This portion is defined as the non-federal share. The non-federal share shall be:

- 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 non-federal share may include the amount of wages paid by the employer to a worker while the worker is participating in training. 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, or lodging. 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 need to be repaid.

Expected Program Outcomes

At the completion of the grant, businesses will be asked to provide the following:

- Participants wage gain
- Participants employment retention
- Participants training completion
- Other outcomes deemed appropriate and noted in the contract

What employees are eligible?

Eligible employees are:

- 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" for an employer-employee (meaning the employee receives a W-2 from the employer);
- an employee with an established employment history with the employer for six (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.

Who is not eligible to attend training?

- anyone who receives a 1099 Form; or
- those who are placed through a temporary agency.

Eligible Business

- is a North Carolina for-profit or not-for-profit business;
- be current on all federal, state and local tax obligations;
- has an employer-employee relationship with at least five (5) employees;
- have been in operation in North Carolina 12 or more months; and
- is financially viable.

In addition, the business must agree to provide the WDB the following information on each employee application:

- Complete Name
- Contact Information
- Social Security Number
- Gender
- Date of Birth

- Citizenship (Right-to-Work Status)
- Selective Service Compliance (Males only)
- Ethnicity and Race
- Highest School Grade Completed
- Highest Education Level Completed
- Disability Status (if disclosed)

All eligible employees must have an NCWorks.gov online account to participate. Assistance and/or instructions will be provided as requested.

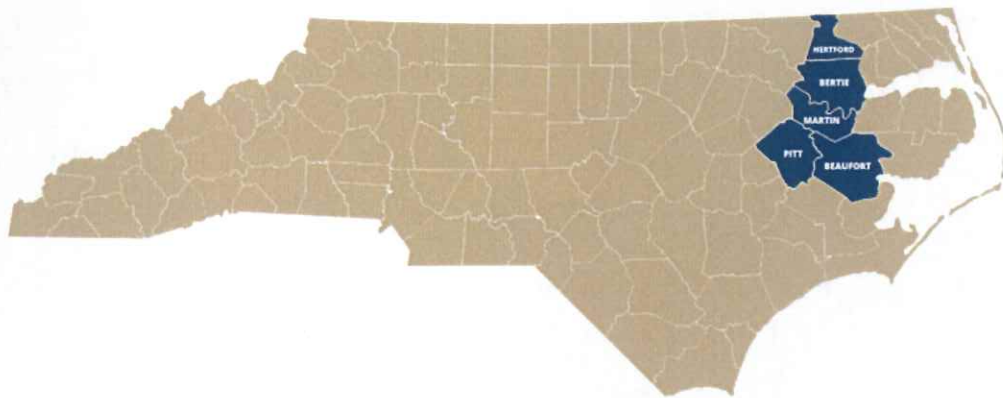
What businesses are not eligible to apply?

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

- A business that is 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 this grant application). This includes trainings offered at no cost through the Small Business Technology Development Center (SBTDC) or the NC Community College's Customized Training program;
- 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 Workforce Development Board or its administrative entity;
- A labor union; or
- A government entity, including publicly-funded organizations.



Incumbent Worker Training Program



Pre-Award Questionnaire and Grant Application

Program Year: July 1, 2021 to June 30, 2022

Rivers East Workforce Development Board
Mid-East Commission
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**Rivers East Workforce Development Board
Mid-East Commission
Incumbent Worker Training Program Pre-Award and Grant Application**

Note: Please answer all questions.

SECTION I. Business Information – business must be located in Beaufort, Bertie, Hertford, Martin, or Pitt County

A. Business Information

Business Name:		
Street and Mailing Address:		
City/State:	Zip:	County:
Business Contact Person:		Title:
Phone:	Ext:	Email address:
Website:		Years in business at training location:
Brief description of business product(s) and/or service(s):		
Total number of paid employees at this location:	Total number of paid employees throughout NC:	NAICS Code:
Legal Structure of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Tax Status of Business: <input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit		
Federal ID Number:		NC Unemployment Number:

B. Is your company a subsidiary of another company or affiliated with a parent company? ☐ Yes ☐ No

If "Yes", please provide the following information about the corporate office/parent company, if different from above.

Parent Company Name:		
Street and Mailing Address:		
City/State:	Zip:	County:
Authorized Representative:		Title:
Phone:	Ext:	Email:

C. Pre-Award Questions

- Have the employees to be trained been employed with your business for at least six (6) months prior to the anticipated start date listed below? ☐ Yes ☐ No
- Has the business been in operation in NC for 12 months? ☐ Yes ☐ No
- Is your company current on all federal, state, and local (county and city) taxes? ☐ Yes ☐ No
If no, your application is not disqualified but you will need to provide documentation of your payment plan agreement with your application.
- Is your company subject to a collective bargaining agreement? ☐ Yes ☐ No
(If "Yes", please attach a letter of endorsement from the authorized union official)
- Has your business established an employer account through NCWorks.gov? ☐ Yes ☐ No
If not, please set up your free account before submitting your application. If you need assistance, please let us know.
- Have you contacted the Small Business Technology and Development Center (SBTDC) and/or your local Community College to see if the training was available at no cost? ☐ Yes ☐ No
 - Is the training available through either organization? ☐ Yes ☐ No
- Has your company previously received any training grants, such as the NCWorks Customized Training Program or other training grants from any government sources? ☐ Yes ☐ No
If yes, you will be asked to provide details.
- Has your company previously received any Incumbent Worker Training Grants from this Workforce Board or another Workforce Board? ☐ Yes ☐ No
If yes, you will be asked to provide details.

SECTION II. Training Plan

A. Training Summary – Anticipated Project Start date: _____

Project Length: _____ (can be no longer than 12 months from the date of the contract)

Total amount of funds being requested: \$ _____

B. Training Components – below is a Training Component Template. The form can be replicated as many times as necessary to include all training components requested for funding. *Note: "Component Cost charged to Grant" should capture all cost to be charged to the grant and should include but is not limited to: training materials, certifications costs, software, etc.*

Training Component Template – Training Component #1

Training Topic/Course Title:		
Course Description and Objectives:		
Estimated Training Dates:		
Number of Trainees:	Training Location:	
Name of Training Provider:		
Name of Trainer/Instructor:		Phone:
Address:		
City:	State:	Zip:
E-Mail Address:		
Qualifications of Trainer/Instructor to teach component (2-3 sentences):		

NOTE: This template is to be replicated for each Training Component. Duplicate information in additional components that appears in a prior component may be noted as "Same as Component # ____" in the appropriate subsection.

C. Is this a collaborative grant? ☐ Yes ☐ No *If yes, please complete the information below:*

Company Name:		
Street/Mailing Address:		
City/State:	Zip:	County:
Authorized Representative:		Title:
Phone:	Ext:	Fax:
E-Mail Address:	Company Website:	

SECTION III. Budget

- A. The applicant is encouraged to apply only for funds needed and not to exceed \$10,000.00. The project budget should clearly support and relate to the training plan and itemize how the award is used. **The amount under the "Grant Funds Requested" column below should equal the total of the amounts shown under "Component Cost Charged to Grant" for all Training Components listed in Section III.** All proposed expenses must be allowable, reasonable and necessary (see *attachment: Reimbursable and Non-Reimbursable Training Costs*). Please provide the required information on the attached budget form.

The applicant is encouraged to place a monetary value on the contributions that will be made to this training request, if funded. These contributions may be in-kind, cash, etc. A column is provided for this information.

See attached Excel budget spreadsheet

- B. Business non-federal share (*indicate choose only one*)

- ☐ My business has less than 50 employees, a 10% non-federal share is required ☐
- ☐ My business has between 50 and 100 employees, a 25% non-federal share is required ☐
- ☐ My business has more than 100 employees, a 50% non-federal share is required ☐

Please complete the table below to determine non-federal share:

Total Wages: \$	Total Meals/Travel: \$	Facility Fee: \$
Other (<i>please specify</i>):		
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; and
4. Reason for requesting financial assistance to conduct the training.

SECTION V. Authorization and Certification

As authorized representative for the business submitting this application, I hereby certify that:

- I have read the Incumbent Worker Training Policy and Program.
- The business meets the requirements of the policy in regard to 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 the Rivers East Workforce Development Board upon notification of award.
- The business agrees to provide all requested data elements as required for federal reporting.
- The business confirms and verifies that all employees' verification documents are current (I-9s) and accurate and are available upon request by the Rivers East Workforce Development Board.
- The business agrees to resubmit this application if the Rivers East Workforce Development Board requests within the designated timeframe.
- The requested training expenses is in accordance with the reimbursable requirements.
- Trainee applications for all employees seeking training will be provided when requested, with all applicable information for federal reporting purposes.

Further, this business shall not discriminate against any employee, applicant for employment, applicant or Workforce Innovation and Opportunity Act (WIOA) 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.

Printed Name

Title

Signature

Date

ATTACHMENT A
REIMBURSABLE/NON-REIMBURSABLE TRAINING COSTS

The following is a listing of reimbursable and non-reimbursable training costs for the Rivers East Workforce Development Board:

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
3. Virtual and/or web-based online training when seated classes are not possible
4. Employee skills assessment that results in primary training funded through the grant
5. Textbooks/manuals used 100% for the training activities listed in the application
6. Materials and supplies directly related to the funded training
7. Travel for trainers - if the requested training is not available within reasonable proximity to the business. *Reasonable proximity should be discussed with the Workforce Development Board staff prior to submitting the application.*
8. Trainer/Instructor salaries provided they are not employed by any business whose employees are being trained
9. Training related software -- limited to 5% of the total grant award and must be necessary for the training request
10. Process improvement or quality-related training

Non-Allowable Training Costs

- Employee-related costs such as wages, fringe benefits, etc.
- Training-related costs incurred prior to the beginning date of the Agreement or after the Agreement ends
- Training that the business or entity on the business's behalf already provides to its employees
- Training that a business is mandated to provide on a regular basis to its employees by federal, state, or local laws
- Continuing Education Units (CEUs) and other training that is specifically required for an employee or business to maintain licensure, certification, or accreditation
- Courses that are part of a trainee's pursuit of an educational degree
- Employment or training in sectarian activities
- Curriculum design and/or training program development
- Trainers employed by any business whose employees are being trained to include parent business employees
- Purchase of employee assessment systems or systems usage licenses (*example: site licenses*)
- Business website design and development, website hosting, and maintenance, software or hardware upgrades, advice on computer selection for purchase and upgrade
- Third party compensation or fees not directly related to the provision of the requested training
- 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
- 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

- Business relocation or other similar/related expenses
- Travel outside of contiguous United States or costs associated with bringing a trainer into the country
- General office supplies and non-personnel service costs (*example: postage and photocopying*)
- Membership fees/dues
- Food, beverage, entertainment, and/or celebrations related expenses
- Job/position profiling
- Publicity/public relations costs
- Costs associated with conferences

**ATTACHMENT B
ATTESTATION FORM**

Rivers East Workforce Development Board Incumbent Worker Training Grant

This form must be completed and signed by the Owner, President, CEO, or highest ranking local official of *each* business in North Carolina included in the Incumbent Worker Training Grant Application.

Please review and select the appropriate lay-off aversion criteria that apply. More than one may be chosen. Space will expand as text is entered.

1. The company is phasing out a function which will lead to layoffs unless the workers can be retrained to perform new functions.
Explanation:
2. A worker's job has changing skill requirements as a result of external economic or market forces, significant changes in technology, rapidly changing industry or occupational requirements or emergence of new product.
Explanation:
3. The changing skill requirements are outside the normal skill growth and upkeep that would be provided by the employer.
Explanation:

I hereby certify that the information provided herein is true and accurate and that any false information, intentional omissions, or misrepresentations will disqualify the application for the Incumbent Worker Training Program.

Printed Name

Title

Signature

Date

Incumbent Worker Goal Attainment Report

Business: Click or tap here to enter text.

1. Please give a short narrative of competencies the trainees received for each training.

2. Explain how the above competencies will result in increased productivity, efficiency, profitability, competitiveness, etc. of your establishment.

3. What are the short-term and long-term benefits of this training for your establishment?

4. Did any trainees retain their employment at your business solely as a result of the training?
☐ Yes ☐ No
Comments:

5. Have/will any of the trainees receive additional compensation as a result of their increased skills?
☐ Yes ☐ No
Comments:

6. Did any trainee advance to other job positions or perform other advanced job responsibilities as a result of the training?
☐ Yes ☐ No
Comments:

7. Was the training topic aligned to the needs outlined in your Local Incumbent Worker application?

☐ Yes ☐ No

Comments:

8. Explain the degree in which the training provider satisfied these needs.

9. Would you recommend the training topic and training provider to another business?

☐ Yes ☐ No

Comments:

10. Was any of the training provided through Local Area Incumbent Worker 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:

11. Would you recommend Local Area Incumbent Worker grant to other businesses?

☐ Yes ☐ No

Comments:

12. Do you have additional workforce needs for current or future employees that you would like to discuss with (Insert Local Area Name here) Workforce Development Board?

Category	Grant Funds Requested	Employer Contribution*	Explanation and Detail	Examples	Please "check" if all costs will be paid by IW funds
Instructor Wages	\$10.00	\$0.00		CAD Training: \$300 x 10 employees = \$3,000	<input checked="" type="checkbox"/> Check
Manuals and/or Textbooks (please itemize)	\$10.00	\$0.00		10 Microsoft Manuals at \$30 each = \$300	<input checked="" type="checkbox"/> Check
Training certifications, certificates, credentials and/or licenses	\$0.00	\$10.00		Specify number and type	<input type="checkbox"/> Check
Materials and/or supplies (please itemize)	\$0.00	\$10.00		Enter a brief description for each	<input type="checkbox"/> Check
Software and/or technology (limited to 5% of the requested funds)	\$0.00	\$0.00			<input type="checkbox"/> Check
Training equipment purchase (can be employer contribution)	\$0.00	\$0.00			<input type="checkbox"/> Check
On-site facility usage (can be employer contribution)	\$0.00	\$0.00			<input type="checkbox"/> Check
Trainee travel, food, and/or lodging (can be employer contribution)	\$0.00	\$0.00			<input type="checkbox"/> Check
Trainee wages (can be employer contribution)	\$0.00	\$0.00			
Total funds	\$20.00	\$20.00			
Total Training Investment	\$40.00				

* Employer contribution: can be in-kind, cash, or noted above
Rivers East Workforce Development Board reserves the right to remove or adjust any part of the budget prior to grant approval. Any adjustments will be communicated with the applicant.

**Rivers East Workforce Development Board
Incumbent Worker Expenditure Report
Program Year 2021**

Project Name: _____

Company Name: _____

Month: _____

		1	2	4	5
Category	Line Item #	Approved Budget	Expenses This Month	Expenses Y-T-D	Budget Balance
Training/Course Registration	200				0.00
Manuals/Textbooks	201				0.00
Training Certifications, Certificates, Credentials, Licenses (specify)	202				0.00
Materials/Supplies/(Itemize)	203				0.00
Travel Expenses	204				0.00
Total		\$0.00	\$0.00	\$0.00	\$0.00

Funds received Y-T-D	\$0.00
Expenses Y-T-D	\$0.00

The business certifies that the costs reported represent actual costs incurred during the reporting period in accordance with the terms and conditions of the contract and the Workforce Innovation and Opportunity Act.

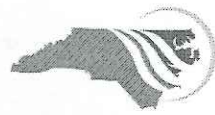
Print Name of Employer's Authorized Agent

Title

Signature of Employer's Authorized Agent

Date

Attach the business's invoice and proof of payment.



Incumbent Worker Trainee Application

This request for information is confidential and will be used solely in determining your eligibility for the Incumbent Worker grant funded by the federal Workforce Innovation & Opportunity Act (WIOA) received by your employer.



If you do not have an NCWorks.gov account, you will need to create one prior to completing this application. Your employer received a set of instructions to provide employees who needed assistance in creating an account.

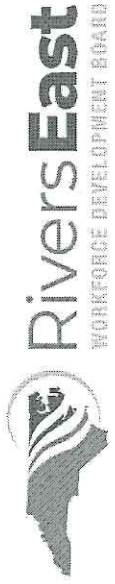
Application Date: _____

First Name	Middle Initial	Last Name
Date of Birth	Full SSN	Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		
City	State	Zip
Primary Phone Number		Race
Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability you wish to state? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you register for Selective Service (if male) and born after December 31, 1959? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Female, not applicable	
Are you currently in the military or a veteran of US military service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide dates of service:	
If yes, are you within 24 months of retirement or 12 months of discharge from the military (transitioning service member)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are you a member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you a disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you served on active duty in the armed forces and were discharged or released from such service under conditions "other than honorable"? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the spouse/dependent of someone in active-duty military service, National Guard, or Reserves who is currently activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a caregiver who is a spouse or family member of the armed forces who is wounded, ill, or injured and receiving treatment in a military facility or warrior transition unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the spouse of a veteran who has a total service-connected disability, is Missing in Action, captured in the line of duty by a hostile force, is a Prisoner of War or who died from a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a current member of the NC National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what was the last grade you completed?	
Do you have a college degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, year graduated?	
Field of Study/Degree:		

I certify that the information provided in this application is true to the best of my knowledge. I am aware that this information may be verified and that any falsification shall be grounds to deny services and may subject me to prosecution under the law. I understand that the information will be used to determine eligibility for WIOA services and may be released for verification and federal reporting purposes.

Employee Signature

Date



Incumbent Worker Trainee Roster

Business: _____

	Trainee Name (List ALL identified in grant application)	Training Topic/Course; Certifications, Etc.	Participation Status (C=Completed; NC=Not Completed)	If not completed, please explain.
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