



Incumbent Worker Project Funding Proposal/Application

This agreement is between _____, and Green Country Workforce Development Board. Both parties agree to the terms of this agreement as set forth below. Project is expected to commence on _____ and terminate on _____.

Project Lead

Contact Name:	Title:
Phone:	Email:
Business/Organization:	

EMPLOYER INFORMATION

Legal Business Name:	
Owner/Officer:	Phone:
Physical Address:	
Mailing Address (If different than physical):	
Is above company a subsidiary or affiliate: Yes No (If yes provide information below if different than above)	
Legal Business Name:	
Authorized Representative:	Phone:
Physical Address:	
Mailing Address (If different than physical):	
Employer Sector: Healthcare Manufacturing Transportation Construction Finance Other:	
Is Employer expanding: YES NO	Length of time in business at this address:
Has the employer laid off workers within 120 days prior to relocation in OKLA from another state: YES NO	
Employers FEIN #:	UBI #:
Legal Structure of Business:	Tax Structure of Business:
The employer is current in unemployment insurance and workers' compensation taxes, penalties, and/or interest or related payment plan: YES NO	
Number of employees scheduled to participate in training:	

Total number of employed by employer in state and nationally:

Is Employer subject to a collective bargaining agreement: Yes No

(If yes, provide a letter of endorsement/concurrence from the authorized union official.)

Does the company meet any funding priorities as per **OWDI #03-2022**: Yes No

What is the type of priority or what are the priorities?

Provide a brief description of what is done at this location:

Project Overview

Description of Need:

List of Partners:

Project Timeline:

Will the Project Result in: *Increased Employee Wages* *Avert Future Layoffs* *Other:*

EMPLOYER RESPONSIBILITIES

1. Provide the information below as required for employer and each employee participating in the approved project opportunity utilizing approved documentation.
2. Agrees to work with **GCWDB** to identify and provide the employers process for complying with the required cost sharing requirements for this training, as determined by the size of the employer's workforce. *(Wages paid to the participant while in training can be included as part of that share and the share can be provided as cash or in-kind that is fairly evaluated and approved by GCWDB.*
 - At least **10 percent** of the cost for employers with **50** or fewer employees
 - At least **25 percent** of the cost for employers with more than **50** employees but not more than **100** employees; and
 - At least **50 percent** of the cost for employers with more than **100** employees
3. Complete required close out report within **30 days** of completion of training.
4. Complete the following regarding the total cost of the program, including employer contribution:

Employer Cash:	Total Cost of Project:
Employee Wages:	Percentage Covered by Employer:
Employer In-Kind:	Total Requested from GCWDB:
Total Employer Contribution:	Percentage Covered by GCWDB:

Describe Employer Contribution:

Required Project Documentation

Employer**For Each IWT Employee**

- | | |
|--|--|
| <input type="checkbox"/> <i>Employer Request on Company Letterhead</i>
<input type="checkbox"/> <i>Proof of Worker's Compensation Coverage</i>
<input type="checkbox"/> <i>W-9</i>
<input type="checkbox"/> <i>Project Funding Proposal, Attachment A</i>
<input type="checkbox"/> <i>Grantee Worksheet, Attachment B</i>
<input type="checkbox"/> <i>IWT Employee List, Attachment C</i>
<input type="checkbox"/> <i>Anticipated Outcomes, Attachment D</i>
<input type="checkbox"/> <i>Project Rating Form, Attachment E</i> | <input type="checkbox"/> <i>GCWDB WIOA Application+</i>
<input type="checkbox"/> <i>Photo ID</i>
<input type="checkbox"/> <i>Social Security Number</i>
<input type="checkbox"/> <i>Consent for Sharing of Confidential Information</i>
<input type="checkbox"/> <i>Form I-9, Employment Eligibility Verification Completed from Employer File</i>
<input type="checkbox"/> <i>OKJobMatch Account</i> |
|--|--|

Project Lead & EMPLOYER ASSURANCE
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EQUAL OPPORTUNITY AND NONDISCRIMINATION STATEMENT: All Recipients, and Sub recipients/Sub grantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

Project Lead:**Employer – Owner/Designated Officer:**

 Print First/Last

 Print First/Last

 Signature

 Signature

 Date

 Date

This Incumbent Worker Training (IWT), opportunity is brought to you by a grant funded in alignment with the Workforce Innovation and Opportunity Act (WIOA) and provided by the U.S. Department of Labor. This is a project led by the (local workforce development board).



Green Country Workforce Development Board Grantee Worksheet

BUDGET NARRATIVE

Add additional pages as necessary.

TRAINING COSTS

Description	Detail	Budget Amount	Employer Match
Subtotal		\$ -	\$ -

PERSONAL SERVICES

Description	Detail	Budget Amount	Employer Match
Subtotal		\$ -	\$ -

TRAVEL

Description	Detail	Budget Amount	Employer Match
Subtotal		\$ -	\$ -

CONTRACTUAL

Description	Detail	Budget Amount	Employer Match
Subtotal		\$ -	\$ -

SUPPLIES

Description	Detail	Budget Amount	Employer Match
Subtotal		\$ -	\$ -

ADMINISTRATION

Description	Detail	Budget Amount	Employer Match
Subtotal		\$ -	\$ -
Total		\$ -	\$ -

Grantee Name _____
 Program, File # _____
 Original Agreement _____



Anticipated Outcomes of Incumbent Worker Training

Employer:

Section 1. Check all that are applicable	
<input type="checkbox"/> Will help prevent possible relocation of operations (layoff aversion)	<input type="checkbox"/> Will make this location more competitive
<input type="checkbox"/> Will assist in the training of target groups or make employees more competitive	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will contribute to the long-term viability of our company	<input type="checkbox"/> Will contribute to the short-term viability of our company
<input type="checkbox"/> Will be an important component of our company’s overall workforce development efforts, such as sector or career pathway strategy	<input type="checkbox"/> Will assist in the improvement of international trade opportunities
Section 2. At least six of the following ten must be completed	
Will save _____ jobs within the company	Will create _____ openings in entry-level positions
Will create _____ new jobs within our company	Will improve unit or labor costs by _____ percent
Will lower turnover in our company by _____ percent	Will increase overall efficiency by _____ percent
Will Increase profit margin by _____ percent over the next _____ months	Will increase or retain sales by _____ percent over the next _____ months
Will improve the long-term wage levels of trainees by _____ percentage	Will improve the short-term wage levels of trainees by _____ percentage
Return on Investment Information	Planned ROI is expected to be _____ percentage over _____ months / years

I certify information provided is true and correct to the best of my knowledge.

Signature

Date

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Project Rating Form – Future of Work	
APPLICANT:	
Contact Name & Title:	
County:	
REVIEWER NAME:	
REVIEW DATE:	
Interview Questions:	
Please rate project on the questions below. The scoring range goes from 0 – 5, 0 being the worst, 5 being the best. Please score the project and make any comments or notes needed.	
1. What is the training? How many employees will attend? What is the duration? What is the requested funding? What is the company contribution? Who is the training entity?	Score:
Comments:	
2. How will the training benefit the region, the employees, and the employer? Why is this training needed? Will it avert future layoffs or upskill employees to meet promotional requirements?	Score:
Comments:	
3. Is the training and/or employer directly associated with one of the local/regional priority ecosystems (Healthcare, Energy, Manufacturing, Transportation, Construction or Finance)?	Score
Comments:	

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4. Will the training include a nationally, regionally, or industry recognized certificate?	Score:
Comments:	
5. Is the project aligned with an industry association partnership, such as an EDC, or other such business supported agency?	Score:
Comments:	
6. Beyond the required in-kind/cash match, does the application for funds include additional funding to support the project?	Score:
Comments:	
Reviewer signature: _____ Date _____ Overall Score: _____/30	



Name of Applicant (Region or Organization):	
Amount Requested:	
Funding Amount Recommended:	
Total Score:	0

ELIGIBILITY		
Applicant is Eligible	Applicant is Ineligible	Applicant meets all criteria outlined in OWDI 09-19 and all required documents were submitted (Attachments A-E).
Points Awarded	Total Points Available	Criteria
PREFERENTIAL POINTS		
	1	Applicant is located in an Opportunity Zone as defined by Oklahoma Statutes Title 68, Section 3603 definitions
	2	Applicant is located in a rural county (i.e., not a part of a metropolitan area)
	6	Training is part of a layoff aversion strategy
	5	Training is for occupations that are on the Critical Occupations List and/or are on a career pathways to an occupation on the Critical Occupations List
	3	Applicant has 50 employees or less
	3	Training leads to a significant upgrade in employee skills
Section 1: The application must address the following questions. (1) What is the training? (2) How many employees will attend? (3) What is the duration? (4) What is the requested funding? (5) What is the company contribution? (6) Who is the training entity?		
	3	Description of the length of training.
	2	Inclusion of training provider on the Eligible Training Provider List.
Points Awarded	Total Points Available	Criteria
Section 2: (1) How will the training benefit the region, the employees, and the employer? (2) Why is this training needed? (3) Will it avert future layoffs or upskill employees to meet promotional requirements?		
	5	Description of the training, including a description of how the training is tied to a larger strategy to upskill workers, benefit the employer's sustainability or growth, and how the region will be impacted.
Section 3: Is the training and/or employer directly associated with one of the local/regional priority ecosystems?		
	5	Description of how the training and/or employer is associated with the local/regional priority ecosystem(s).
Section 4: Will the training include a nationally, regionally, or industry recognized credential?		
	5	Description of training and any associated credential(s).
Section 5: Is the project aligned with an industry association partnership, such as an EDC, or other such business supported agency?		
	5	Description of the project's alignment to or partnership with an industry association business supported
Section 6: Beyond the required in-kind/cash match, does the application for funds include additional funding to support the project?		
	5	Identification of funding and resources allocated to the project by the employer.
	50	



Incumbent Worker Training Funds Tracking Tool

Participant Name:				Training Program:								Training Dates:		Total Cost of IWT:	
PID:		Business Name:				Bus. Contact Name:				Begin		Expected			
										End		Actual	\$0.00		
WIOA Funds				Employer Contributions								Other		Grand Totals	
Local		State		Wages Paid		In Kind		Pd to Training Prov.		(see backup documentation)					
Amount	Date	Amount	Date	Amount	Date	Amount	Date	Description	Amount	Date	Amount	Date			
												WIOA Funds			
												Local	\$0.00		
												State	\$0.00		
												TOTAL	\$0.00		
												% of IWT	#DIV/0!		
												Employer Contributions			
												Wages	\$0.00		
												Training	\$0.00		
												In Kind	\$0.00		
												TOTAL	\$0.00		
												% of IWT	#DIV/0!		
												% req'd			
												Other			
												TOTAL	\$0.00		
												% of IWT	#DIV/0!		
												<i>Instructions:</i>			
												All entries must have supporting documentation. A printed copy of this tool and all supporting documentation must be remitted to GCWDB staff for entry to the IWT contract file. All participant specific supporting documentation must be uploaded to that participant's electronic case file.			